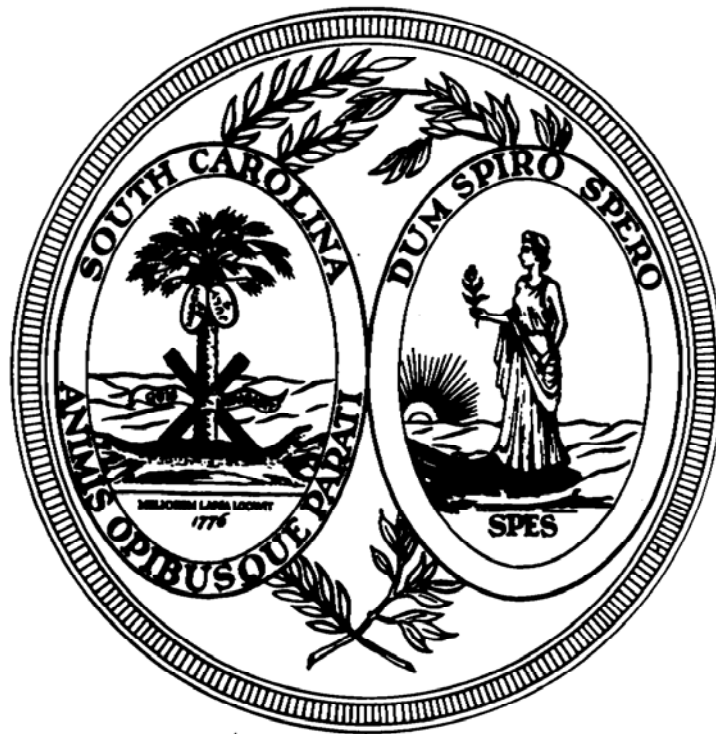




**Regulation Number 61-17
Standards for Licensing
Nursing Homes**



Promulgated by the Board of Health and Environmental Control

Administered by the Division of Health Licensing

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This is a courtesy copy of Regulation R61-17

The official document is on record in the State Register and the Code of Regulations of S.C. 1976, as amended.

**This copy was updated to correct or note typographical errors between
the State Register and the contents of this regulation on December 5, 2003.**

SECTION 46

TO AMEND THE 1976 CODE BY ADDING SECTION 44-7-262 SO AS TO ESTABLISH MINIMUM PATIENT-STAFF RATIOS FOR STAFF PROVIDING NURSING CARE IN NURSING HOMES AND MAKING THOSE MINIMUM STAFFING RATIOS A CONDITION OF LICENSURE.

A. The 1976 Code is amended by adding:

"Section 44-7-262. (A) As a condition of licensure, in addition to the number of licensed nursing personnel required by R61-17, or any other regulation, a nursing home must provide at a minimum these resident-staff ratios for staff who provide nursing care:

- (1) 9 to 1 for shift 1;
- (2) 13 to 1 for shift 2;
- (3) 22 to 1 for shift 3.

In those facilities utilizing two twelve-hour shifts, the staffing ratios for shift one apply to the twelve-hour shift occurring primarily during the day, and the staffing ratios for shift three apply to the twelve-hour shift occurring primarily during the night.

(B) For purposes of this section:

- (1) 'Shift 1' means a work shift that occurs primarily during the daytime hours including, but not limited to, a 7:00 a.m. to 3:00 p.m. shift;
- (2) 'Shift 2' means a work shift that generally includes both daytime and evening hours including, but not limited to, a 3:00 p.m. to 11:00 p.m. shift;
- (3) 'Shift 3' means a work shift that occurs primarily during the nighttime hours including, but not limited to, an 11:00 p.m. to 7:00 a.m. shift."

B. This section takes effect January 1, 1999.

Standards for Licensing Nursing Homes
Regulation 61-17

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DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CHAPTER 61

Statutory Authority: 1976 Code Section 44-7-250

61-17. Standards for Licensing Nursing Homes.

A. Definitions and Interpretations

(1) Definitions

For the purpose of these Standards the following definitions shall apply:

(a) Accidents/Incidents shall be considered as, but not limited to, medication errors, adverse drug reactions, missing residents, and verbal or written threats to harm the health and welfare of the residents.

(b) Attic means the space between the finished ceiling of the top habitable story and the roof sheathing or decking.

(c) Automatic Sprinkler System means an arrangement of piping and sprinklers designed to operate automatically by the heat of fire and to discharge water upon the fire.

(d) Basement means that portion of the building having less than half its clear height above the average grade of the adjoining ground.

(e) Department means South Carolina Department of Health and Environmental Control.

(f) Designee means a physician, dentist, osteopath or podiatrist selected by a prescriber to sign orders for medication or treatment in the prescriber's absence.

(g) Existing Facility means one which was in operation and/or which began the construction or renovation of a building with approved plans for the purpose of operating the facility prior to adoption of these Standards. The Licensing Standards governing "new facilities" apply if and when an "existing facility" is not continuously operated and licensed under these Standards or is an existing building going to be licensed for the first time.

(h) Exit means that portion of a means of egress which is separated from the area of the building from which escape is to be made, by walls, floors, doors or other means which provide the protected path necessary for the occupants to proceed with safety to the exterior of the building.

(i) Fire-Resistive Rating means the time in hours or fractions thereof that materials and their assemblies will resist fire exposure as determined by fire tests conducted in compliance with recognized standards, i.e., NFPA, ASTM.

(j) First Floor means that story which is of such height above grade that it does not come within the definition of a basement or that story located immediately above a basement.

(k) Institutional Nursing Home means a nursing home (established within the jurisdiction of a larger nonmedical institution) which maintains and operates organized facilities and services to accommodate only students, residents or inmates of the institution.

(l) Licensee means the legal entity with whom rests the ultimate responsibility for maintaining approved Standards for the facility.

(m) New Facility means one which began operation and/or one which began construction or renovation of a building for the purpose of operating the facility after adoption of these Standards.

(n) Nursing home means a facility with an organized nursing staff to maintain and operate organized facilities and services to accommodate two or more unrelated persons over a period exceeding twenty-four hours which is operated either in connection with a hospital or as a freestanding facility for the express or implied purpose of providing nursing care for persons who are not in need of hospital care.

(o) Nursing Station means an area of a facility which is the central focus of resident management, nursing function, and service for a nursing unit. This area may also be used for administrative functions by other disciplines which provide services to the residents of the facility. A nurses' station shall serve not more than 44 beds. (See Section Y.(7) also.)

(p) Resident means any person residing in a nursing home.

(q) Story means that portion of a building included between the upper surface of any floor and the under surface of the floor or roof next above. For the purpose of these Standards, this definition does not apply to basements.

(2) Interpretations

(a) License required for facility operation: No facility shall be established, conducted or maintained in the State without first obtaining a license therefor in the manner herein prescribed. (I)

(b) A license is issued pursuant to the provisions of Section 44-7-250 et seq. of the South Carolina Code of Laws of 1976, as amended, and the standards promulgated thereunder. The license certificate shall be posted in a conspicuous place in a public lobby, waiting room, or other area immediately accessible to public view. The issuance of a license does not guarantee adequacy of individual care, treatment, personal safety, fire safety or the well-being of any occupant of a facility. A license is not assignable or transferable and is subject to revocation by the Department for failure to comply with the laws of the State of South Carolina.

(c) Effective Date and Term of License: A license shall be effective for a 12-month period following the date of issue and shall expire one year following such date; however, a facility that has not been inspected during that year may continue to operate under its existing license until an inspection is made.

(d) Separate Licenses: Separate licenses are required for facilities not maintained on the same premises. Separate licenses may be issued for facilities maintained in separate buildings on the same premises. Each building of a licensed facility must be staffed in accordance with Section E.

(e) Licensing Fees: Each applicant shall pay an annual license fee prior to issuance of the license. The fee shall be \$50.00 for the first 10 beds and \$.25 per bed over 10 through December 31, 1991. For licenses issued beginning January 1, 1992, the fee shall be \$10.00 per bed.

(f) Facilities Exempt from these Standards:

(1) Any facility which is owned and operated by the federal government.

(2) Facilities providing domiciliary care and personal care services such as room, board, laundry and personal services incidental to the activities of daily living which do not require the technical skill, services or supervision of a licensed nurse.

(g) Inspections: All facilities to which these requirements apply shall be subject to inspection at any time without prior notice by properly identified personnel of the Department. Medical records, statistical reports, accident/incident reports, and other documents required by the regulations shall be maintained and available for review during an inspection.

(h) Initial License: A new facility, or one that has not been continuously licensed under these or prior Standards, shall not admit residents until it has been issued an initial license. An initial license will not be issued until the applicant has demonstrated to the satisfaction of the Department that the facility is in compliance with the Licensing Standards set forth hereunder.

(i) Noncompliance: When noncompliances of the Licensing Standards are detected by means of inspection or investigation, the applicant or licensee will be notified of the violations and at the same time requested to provide information as to when such items will be corrected.

(j) Exceptions to Licensing Standards: The Department reserves the right to make exceptions to these Standards where it is determined that the health and welfare of the community requires the services of the facility and that the exception, as granted, will have no significant impact on the safety, security or welfare of the facility's occupants.

(k) Change of License: A facility shall request issue of an amended license, by application to the Department, prior to any of the following circumstances: (II)

- (1) Change of ownership by purchase or lease.
- (2) Change of facility's name or address.
- (3) Addition or replacement of beds
- (4) Reduction of number of licensed beds.

(3) Types of Licenses

Each nursing home license will specify the number and type bed(s) authorized for each facility as indicated below.

- (a) nursing home;
- (b) institutional nursing home;

(4) Penalties

As provided in Section 44-7-320 of the South Carolina Code of Laws of 1976, as amended, the department may deny, suspend, or revoke licenses or assess a monetary penalty for violations of provisions of law or departmental regulations. The department shall exercise discretion in arriving at its decision to take any of these actions. The department will consider the following factors: specific conditions and their impact or potential impact on health, safety or welfare; efforts by the facility to correct; overall conditions; history of compliance; any other pertinent conditions. The notations, "(I)" or "(II)," placed within sections of this regulation, indicate those standards whose failure to meet are considered Class I or II violations, respectively. Failure to meet standards not so annotated are considered Class III violations. If a decision is made to assess monetary penalties, the following schedule will be used as a guide to determine the dollar amount.

violation of standard within a <u>24-month period</u>	MONETARY PENALTY RANGES		
	<u>Class I</u>	<u>Class II</u>	<u>Class III</u>
1st	\$ 200-1000	\$ 100- 500	\$ 0
2nd	500-2000	200-1000	100- 500
3rd	1000-5000	500-2000	200-1000
4th	5000	1000-5000	500-2000
5th	5000	5000	1000-5000
6th and more	5000	5000	5000

(a) Class I violations are those which the Department determines present an imminent danger to the residents of the facility or a substantial probability that death or serious harm could result therefrom. A physical condition, one or more practices, means, methods or operations in use in a facility may constitute such a violation. The condition or practice constituting a Class I violation shall be abated or eliminated immediately unless a fixed period of time, as stipulated by the Department, is required for correction. Each day such violation shall exist after expiration of said time shall be considered a subsequent violation.

(b) Class II violations are those which the Department determines have a direct or immediate relationship to the health, safety or security of the facility's residents other than Class I violations. The citation of a Class II violation shall specify the time within which the violation is required to be corrected. Each day such violation shall exist after expiration of said time shall be considered a subsequent violation.

(c) Class III violations are those which are not classified as serious in these regulations or those which are against the best practices as interpreted by the Department. The citation of a Class III violation shall specify the time within which the violation is required to be corrected. Each day such violation shall exist after expiration of said time shall be considered a subsequent violation.

(d) Violations of Section 44-7-320.A (2) and (4) *[See Note]* of the South Carolina Code of Laws of 1976, as amended, quoted below, are considered Class I violations: "(2) permitting, aiding, or abetting the commission of any unlawful act relating to the securing of a Certificate of Need or the establishment, maintenance, or operation of a facility requiring certification of need or licensure under this article;" "(4) refusing to admit and treat alcoholic and substance abusers, the mentally ill, or mentally retarded, whose admission or treatment has been prescribed by a physician who is a member of the facility's medical staff; or discriminating against alcoholics, the mentally ill, or mentally retarded solely because of the alcoholism, mental illness, or mental retardation."

[Note: This reference, as printed in the State Register, is incorrect. The correct reference is 44-7-320(A)(1)(b) and (A)(1)(d)]

B. Management.

(1) Application

Applications for license shall be filed on forms furnished by the Department. Prospective licensees shall file application under oath with the Department. Licensees shall file such application annually. An application shall be signed by:

- (a) the owner(s) if an individual or partnership; or
- (b) in case of a corporation by two of its officers; or

(c) in case of a governmental unit by the head of the governmental department having jurisdiction over it. The application shall set forth the full name and address of the facility for which the license is sought and of the owner in case his address is different from that of the facility, the names of the persons in control of the facility and such additional information as the Department may require including affirmative evidence of ability to comply with

reasonable standards, rules and regulations as may be lawfully prescribed. No proposed facility shall be named nor may an existing facility have its name changed to the same or similar name as any other health care facility licensed in the State.

(2) Licensee

A prospective licensee shall submit written evidence satisfactory to the Department that he is of reputable and responsible character. Each licensee shall maintain a copy of these Standards in the facility and shall be responsible for knowing these Standards. Each licensee shall be responsible for maintaining and implementing these Standards in the facility.

(3) Administrator

(a) Each facility shall appoint a full-time licensed administrator who has the necessary authority and responsibility for management of the facility. Any change in the position of administrator shall be reported immediately by the governing board or owner to the Department in writing. Such notification shall include, at a minimum, the name of the appointed individual, effective date of the appointment, and the number and expiration date of the current S.C. Nursing Home Administrator's License or written verification of an emergency license. (II)

(b) Administrators shall be duly licensed as a nursing home administrator by the S.C. State Board of Examiners for Nursing Home Administrators, and shall maintain a current license. (II)

(c) The administrator shall have sufficient freedom from other responsibilities and shall be present in the facility routinely at least 5 days per week. No administrator may serve more than one nursing home.

(d) The administrator shall appoint in writing an individual to act as administrator in the absence of the administrator. (II)

(e) An administrator who is a registered nurse or licensed practical nurse cannot be included in meeting the requirements of Section E.

(4) Employees

(a) The licensee shall obtain a written application from each employee prior to employment. Such application shall contain information as to education, training, experience, health and personal background of each employee. The licensee shall retain this file. (II)

(b) On employment and no more than three months prior to employment, all new employees, volunteers and private sitters who have contact with residents shall have a physical examination which shall include a tuberculin skin test, unless a previously positive reaction can be documented. The intradermal (Mantoux) method, using five tuberculin units (TU) of stabilized purified protein derivative (PPD) is to be used. Employees, volunteers and private sitters with tuberculin test reactions of 10mm or more of induration should be referred for appropriate evaluation. The two-step procedure is advisable for initial testing in those who are 55 years of age and older in order to establish a reliable baseline.

(1) Employees, volunteers and private sitters with reactions of 10mm and over to the pre-employment tuberculin test, those who are documented with previously positive reactions, those with newly converted skin tests and those with symptoms suggestive of tuberculosis (e.g., cough, weight loss, night sweats, or fever, etc.) regardless of skin test status, shall be given a chest radiograph to determine whether tuberculosis disease is present. If tuberculosis is diagnosed, appropriate treatment should be given and contacts examined.

(2) There is no need to do initial or routine chest radiographs on employees, volunteers or private sitters with negative tuberculin tests who are asymptomatic.

(3) Employees, volunteers and private sitters with negative tuberculin skin tests shall have an annual tuberculin skin test and, depending upon the test results, shall be followed as described in this regulation.

(4) New employees, volunteers or private sitters who have a history of tuberculosis disease shall be required to have certification by a licensed physician that they are not contagious.

(5) All employees, volunteers and private sitters who are known or suspected to have tuberculosis shall be required to be evaluated by a licensed physician and will not be allowed to return to work until they have been declared noncontagious.

(6) Preventive treatment of new positive reactors without disease should be an essential component of the infection control program. It should be considered for all infected employees, volunteers and private sitters who have resident contact, unless specifically contraindicated. Routine annual chest radiographs of positive reactors do little to prevent tuberculosis and therefore are not a substitute for preventive treatment.

(a) Employees, volunteers and private sitters who complete treatment, either for disease or infection, may be exempt from further routine chest radiographic screening unless they have symptoms of tuberculosis.

(b) Positive reactors who are unable or unwilling to take preventive treatment need not receive an annual chest radiograph. These individuals must be informed of their lifelong risk of developing and transmitting tuberculosis to individuals in the institution and in the community. They shall be informed of symptoms which suggest the onset of tuberculosis, and the procedure to follow should such symptoms develop.

(7) Post exposure skin tests should be provided for tuberculin negative employees, volunteers and private sitters within 12 weeks after termination of contact for any suspected exposure to a documented case of tuberculosis.

(8) A person will be designated at each institution to coordinate tuberculosis control activities.

(c) No person infected with or a carrier of a communicable disease which may be transmitted in the workplace, or having boils, open or infected skin lesions, or an acute respiratory infection shall work in any area in which resident contact may occur. (II)

(d) All persons assigned to the direct care of or service to residents shall be prepared through formal education or on-the-job training in the principles, policies, procedures and techniques involved so that the welfare of the residents shall be safeguarded. (II)

(e) All new personnel shall be presented an orientation to acquaint them with the organization and environment of the facility, the employee's specific duties and responsibilities, and residents' needs. All employees shall be instructed in the provisions of Section 43-30-10 *[See Note]* of the S.C. Code of Laws, "Client-Patient Protection Act" of 1979 and Section 44-81-10 of S. C. Code of Laws, Act 118, Acts of 1985 Bill of Rights for Residents of Long-Term Care Facilities. Documentation of this orientation program shall be included in each employee's personnel file.

[Note #1: This reference, as printed in the State Register, was repealed by Act #110, 1993 - Reference the Omnibus Adult Protection Act 43-35-5, et. seq.]

(f) Inservice training programs shall be planned and provided for all personnel to assure understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individuals attending.

(5) Voluntary Workers and Private Sitters

The requirements of Sections (b) and (c), above, are equally applicable to voluntary workers and private sitters who provide repeated direct resident care or who are involved in any food or food related preparation and handling at the facility.

(6) Emergency Call Data

Emergency call information must be posted in a conspicuous place, at least at every nursing station, so as to be immediately available to personnel of the facility. Emergency call data shall include at least the following information:

- (a) Telephone number of fire and police department; (I)
- (b) Name, address and telephone number of all personnel to be called in case of fire or emergency; (I)
- (c) Name, address and telephone number of supervisory or consulting personnel to be called; (II)
- (d) Name, telephone number and address of physician on call; (I)
- (e) Telephone number of poison control center. (I)

(7) Reports and Records

(a) Accidents/Incident Reports: A record of each accident and/or incident, involving residents, staff or visitors, occurring in the facility or on facility grounds shall be retained. Accidents/Incidents resulting in death or serious injury shall be reported in writing to the Division of Health Licensing within 10 days of the occurrence.

(b) Serious injuries shall be considered as, but not limited to fractures of major limbs or joints, severe burns, severe lacerations, severe hematomas, and suspected abuse.

(c) All accidents/incidents shall be reviewed, investigated if necessary and evaluated in accord with facility policy.

(d) Monthly Statistical Record: An accurate and up-to-date monthly statistical record shall be kept and must contain at least the following information: name; case number; age; sex; dates of admission, discharge or death; and days of care rendered during the month.

(e) The Department requires each health care facility to annually complete a questionnaire named "Joint Annual Report" and to return this report within the time period as specified in the report's accompanying cover letter.

(f) Fire Reports: A complete written report regarding every fire regardless of size or damage that occurs in the facility shall be prepared and promptly submitted to the Department within 10 days of the fire.

(g) Transfer Agreement: The facility shall have a written transfer agreement with one or more hospitals that provides reasonable assurance that transfer of residents will be made between the hospital and the nursing home whenever such transfer is deemed medically appropriate by the attending physician; or the nursing home shall have on file documented evidence that it has attempted in good faith to effect a transfer agreement. The transfer agreement shall be dated and signed by authorized officials of each facility that is a party to the agreement. The agreement shall provide reasonable assurance of mutual exchange of information necessary or useful in the care and treatment of individuals transferred between the facilities. The agreement shall be updated to assure that it continues in effect following changes in ownership or administration and at any other time as deemed advisable to maintain or further improve continuity of care. (II)

(8) Disaster Preparedness

Each facility shall develop, in coordination with the appropriate fire department, law enforcement agency and/or disaster preparedness agency, an appropriate written plan to provide for the evacuation of residents and care of mass casualties which may result from natural or man-made disasters. The plan shall be rehearsed at least annually. A record of the rehearsal, including its date and time, a summary of actions and recommendations, and the names of participants shall be maintained.

(9) Resident Rights

(a) The notice required by Section 44-30-70 of the S.C. Code of Laws of 1979, as amended, shall be prominently displayed.

(b) The Bill of Rights for Residents of Long Term Care Facilities from Section 44-81-10 of S. C. Code of Laws, Act 118, Acts of 1985, shall be prominently displayed. The grievance procedures required by the Act shall be posted adjacent to the notice. The facility shall have written policies and procedures which promote, enforce and protect resident rights.

(10) Continuity of Essential Services

Each facility shall develop plans to provide for the continuation of essential resident supportive services in the event of the absence from work of any portion of the work force resulting from inclement weather or other causes. (II)

C. General Policies

(1) Number and Location of Beds

(a) Maximum Number of Beds: No facility shall have set up or in use at any time more beds than the number specified on the face of the license. (I)

(b) Location of Beds: Beds shall be placed at least three feet apart, and shall not be placed in corridors, solaria or other locations not designated as resident room areas. (II)

(2) Resident Care Policies

(a) Resident care policies shall be developed by the resident care policy committee or other committee designated in facility policy to serve this function. Such committee shall include the administrator, one or more physicians, one or more registered nurses and other related health personnel. The resident care policies will govern nursing and medical care or other services provided. These policies shall be reviewed at least annually and cover at least the following: admission and transfer, physician services, nursing services, dietary services, pharmaceutical services and emergency care. Actual practices and procedures must be in accord with facility policy. (II)

(b) Minutes of meetings of the resident care policy committee, relating to policies, procedures or evaluations of the facility must be retained.

(3) Age Restriction

Children under 12 years of age shall not be admitted to a facility caring for adults unless placed in a private room and written certification is obtained from the attending physician stating that proper care of the resident can be given.

D. Resident Care.

(1) General

(a) Each resident shall receive good personal hygiene, including skin care, shampooing and grooming of hair, oral hygiene, removal or trimming of facial hair, trimming of nails, and be free of offensive body odors. Each resident shall be encouraged and assisted to achieve and maintain the highest level of self care and independence. (I)

(b) Each resident shall be encouraged and assisted in self care and activities of daily living, and be given care which promotes skin integrity, proper body alignment and joint movement. (I)

(2) Physician Services

(a) Each resident (or legally appointed guardian or representative) shall designate a physician licensed to practice in South Carolina for the supervision of the care and treatment of the resident. (I)

(b) Unless otherwise documented by the physician, residents shall be seen by the attending physician no less frequently than every two months.

(c) A facility shall not restrict a resident's, guardian's or representative's choice in attending physician coverage, provided that the physician agrees to, and demonstrates that he will, provide care in accordance with facility policy.

(d) Each facility shall have at least one licensed physician available on call at all times.

(3) Admissions

(a) Residents shall be admitted to the facility only on physician orders. In the institutional nursing home setting, individuals living on that campus but outside the nursing home may be admitted by the nursing home administrator, provided that the admission is authorized by physician order within 48 hours of admission. (II)

(b) Discretion shall be exercised to avoid the admission of persons whose conditions indicate the need for a type of service and care that is not available in the nursing home. (II)

(c) Within one month prior to admission, all first time residents shall have a physical examination including a two-step tuberculin skin test unless they have been documented to have been a previously positive reactor. At the time of physical examination any applicant found to have symptoms of tuberculosis, e.g., cough, weight loss, night sweats or fever, etc., or a prior positive tuberculin skin test shall have a chest radiograph to exclude the possibility of active tuberculosis disease. In the event that the two-step tuberculin skin test cannot be provided prior to admission, it must be done no later than one month after admission. The intradermal (Mantoux) method with five tuberculin units (TU) of stabilized purified protein derivative (PPD) is to be used, unless a previously positive reaction can be documented. The two-step procedure is required for initial testing in order to establish a reliable baseline. A tuberculin skin test reaction of 10 mm or more of induration is generally considered positive and requires further evaluation to rule out tuberculosis. In the institutional nursing home setting, residents admitted from other parts of that institutional campus who have had TB screening done which meets the requirements outlined in this section and which was done within the last six months, will not be required to undergo additional initial screening.

(1) Persons found to have tuberculosis disease prior to admission should be evaluated for the risk of transmission and be prescribed appropriate treatment. A patient with contagious pulmonary tuberculosis will be admitted to a facility without adequate respiratory isolation only when the applicant has been determined to be noncontagious and certified as such by a licensed physician.

(2) Positive tuberculin test reactors should be evaluated for treatment with preventive therapy. Annual chest radiographs are not necessary and are not a substitute for preventive therapy.

(a) In the event a course of preventive therapy is not completed, the resident should have ongoing monitoring for the presence of symptoms of tuberculosis (e.g., weight loss, anorexia, cough, fever, etc.).

(b) All persons with symptoms suggesting tuberculosis (e.g., unexplained cough, anorexia, weight loss, fever, etc.) regardless of skin test reaction size should receive a chest radiograph within 72 hours. Those with abnormal chest radiographs and/or symptoms compatible with tuberculosis should have sputum smear and culture examinations for acid fast bacilli.

(c) Each tuberculin positive resident should be evaluated annually and a record should be kept of the evaluation which documents the presence or absence of the symptoms of tuberculosis.

(3) Post exposure skin tests should be provided for tuberculin negative residents within 12 weeks after termination of contact for any suspected exposure to a documented case of tuberculosis.

(4) A person will be designated at each institution to coordinate tuberculosis control activities.

(4) Dental Services

(a) When a person is admitted to a nursing home, an oral assessment by a physician, dentist or registered nurse shall be conducted within two weeks to determine the consistency of diet which the resident can best manage and the condition of gums and teeth. A written report of this assessment shall be placed in the medical record.

(b) Each nursing home shall maintain names of dentists who can render emergency and other dental treatments. Residents shall be encouraged to utilize dental services of choice.

(c) Residents shall be assisted as necessary with daily dental care.

(5) Infection Control

(a) There shall be written policies and procedures for prevention and investigation of infections in the facility and for identifying reportable diseases. (II)

(b) As required by the Department's Regulation 61-20, Communicable Diseases, all cases of reportable diseases and any occurrences such as epidemic outbreaks or poisonings, or other unusual occurrences which threaten the welfare, safety or health of residents or personnel shall be reported immediately to the local health director. (II)

(c) A resident who has a communicable disease which poses a threat to the health or safety of other residents shall be isolated from other residents, if ordered by the attending physician. If the attending physician determines the resident cannot be managed at the facility, arrangements shall be made for transfer to an appropriate facility at the earliest practical time. (II)

(d) An appropriate room shall be made available if ordered by the attending physician for a resident who has a communicable disease which poses a threat to the health or safety of other residents or who for some other reason requires isolation. (II)

(e) When isolation precautions are implemented, appropriate signs regarding the type of isolation and necessary precautions to be taken shall be posted at the entrance to the resident room. (II)

(6) Oxygen

(a) Nursing homes shall provide oxygen for the treatment of residents, when ordered by the attending physician. (I)

(b) When oxygen is dispensed, administered or stored, adequate safety precautions against fire and other hazards shall be exercised. "No Smoking" signs shall be posted conspicuously. All cylinders shall be secured. (I)

E. Nursing and Direct Care Services.

(1) Organization

There shall be personnel adequate in number and skill in the facility at all times to provide appropriate care for the residents and to maintain supplementary services required by the facility.

(a) The authority, responsibility and function of each category of personnel shall be clearly defined by facility policy. (II)

(b) Personnel shall be assigned only duties for which they are trained.

(2) Nurse Licensing

Registered or practical nurses employed by a facility must be currently and continuously licensed to practice nursing in South Carolina during the period of their employment. A copy of this license must be maintained in the facility. Only persons so licensed may perform duties requiring a registered or practical nurse. (II)

(3) Staffing Requirements

(a) Director of Nursing: The facility shall designate a registered nurse as a full-time Director of Nursing. The Director of Nursing shall have the necessary authority and shall be responsible for direction of the nursing service rendered in the facility. Another registered nurse, who is employed by the licensee, shall be designated in writing to act in his/her absence. In facilities with a licensed bed capacity of twenty-two or fewer residents the Nursing Director may be included in the requirements of Section (b) below. (II)

(b) Licensed Nursing Staff: (II)

(1) The required minimum number of licensed nurses for any nursing station which serves at least one resident is one per station per shift. If a nursing station serves more than forty-four residents, then that station is required to have two licensed nurses on all shifts.

(2) A registered nurse shall be available in the facility, or on-call, at all times.

(c) Non-licensed Nursing Staff: The required number of aides, orderlies and other non-licensed nursing personnel shall be determined by the number of residents assigned to beds at each nursing station. Non-licensed nursing staff shall be provided to meet at least the following schedule:

[Following ratios no longer apply. See SC Section 46 at beginning of this publication for the new required ratios]

<u>Shift</u>	<u>Ratio of aides, etc., to Residents</u>
1	1:11
2	1:15
3	1:22

(d) When resident care needs or other pertinent factors require, modification of the minimum staffing standards may be required for specific facilities.

(e) In those facilities utilizing two 12-hour shifts, the requirements for the day and night shifts, as specified in (c), above, apply.

(4) Procedure Manual

A procedure manual shall be written, reviewed at least annually and revised as necessary to be in accordance with currently accepted practices. A copy shall be available at each nursing station. The following requirements shall be specifically included and practiced:

(a) There shall be a care plan for each resident based on the nature of illness, treatment prescribed and other pertinent information. This plan shall include the care needed in the specialized departments and services, what methods and procedures are most successful with the resident and what modifications are necessary to ensure best results. Resident care plans shall be reviewed and revised as needed. (II)

(b) Administration of Medications: Medications shall be administered only by a physician, dentist, osteopath, podiatrist, registered pharmacist, registered nurse, licensed practical nurse, or a student nurse in an approved school of nursing under the direct supervision of a registered nurse who is the student's instructor. (II)

(c) Safety Precautions: There must be a written order, to include length of time to be used, signed by the physician approving use of safety precautions either at the time they are applied to a resident or, in case of emergency, within 24 hours after they have been applied. Each procedure manual shall contain instructions on the specific precautions that may be used. (II)

(d) Cleaning and Use of Equipment and Supplies:

(1) Equipment coming into contact with residents shall be disinfected or sterilized after each use to maintain such equipment in a clean and sanitary condition. Disposable materials and equipment shall be used by one resident only, in accordance with manufacturer's recommendations and then disposed of in an acceptable manner. (II)

(2) Drinking water containers may not be used if made of porous materials unless the containers have smooth liners which can be easily cleaned. These containers/liners must be sanitized at least weekly or more often as necessary and identified for individual resident care. Disposable containers must be replaced at least weekly. (II)

F. Pharmaceutical Services.

(1) General

(a) Pharmaceutical services shall be provided by or under the direction of a registered pharmacist currently licensed in South Carolina. Pharmaceutical services shall be provided in accordance with accepted professional principles and appropriate federal, state and local laws and regulations. (II)

(b) Facilities which maintain stocks of drugs and biologicals for dispensing to inpatients or outpatients must obtain and maintain a valid, current pharmacy permit from the State Board of Pharmaceutical Examiners.

(c) Pharmaceutical services shall be provided by employment of a full-time or part-time pharmacist to administer the facility's pharmacy or pharmaceutical services shall be provided by community or institutional pharmacies.

(d) There shall be written policies and procedures governing the provision of pharmaceutical services.

(e) Current reference manuals such as Physicians' Desk Reference and information on the use of drugs shall be readily available at each nursing station.

(2) Medication Reviews

(a) A written agreement for the services of a consulting pharmacist is required. The consulting pharmacist shall visit the facility on a monthly basis and make recommendations concerning the handling, storing and labeling of drugs. The consulting pharmacist shall submit written reports to the administrator at least monthly as to his

assessment of the pharmaceutical services provided by the facility with any recommendations for improvement. A copy of this report must be retained and immediately available upon request.

(b) The pharmacist shall review the record of each resident receiving medication for potential adverse reactions, allergies, interactions and laboratory test modifications, and advise the physician of any recommended changes in the medication regimen. This review shall be conducted monthly and documented within the resident record. (II)

(3) Dispensing, Labeling and Storing Medications

(a) All medications prescribed for residents of the facility must be dispensed on the orders of a physician, dentist or other person legally qualified to prescribe drugs or biologicals for human consumption. (I)

(b) The labeling of drugs and biologicals shall be based on currently accepted professional principles. Labels shall identify, at a minimum, the name of the medication or biological, strength and lot number. As appropriate, labels shall include resident name and any identifying number. The prescribing physician's name and directions for use shall be on the label if it is not documented in another effective manner. (I)

(c) Residents' medications shall be stored in a locked drug room or locked cabinet at the nurses' station. If drug carts are utilized for storage, they must be kept locked when not in actual use. Medications requiring refrigeration shall be kept in a refrigerator used exclusively for that purpose in the drug room, or in a locked refrigerator used exclusively for medications, or in a locked box within a multi-use refrigerator at or near the nurses' station. Refrigerators shall be provided with a thermometer accurate to ± 3 degrees Fahrenheit. Refrigerators used for storage of medications shall maintain an appropriate temperature as determined by the requirements established on the label of medications stored in those refrigerators. Keys to drug room, cabinet, refrigerator or drug cart on the nursing unit must be under the control of a designated licensed nurse. (I)

(d) Drugs listed in Schedule II of the Federal "Controlled Substance Act" shall be stored in separately locked, permanently affixed, compartments within a locked drug room, cabinet or a drug cart, unless otherwise authorized by a change in the State-Federal Law pertaining to the unit dose distribution system. (I)

(e) Medications, pharmaceutical preparations and biologicals restricted to prescription use must be dispensed on an individual basis for each resident and stored in their original container. Transferring between containers is forbidden. (I)

(f) Non-legend drugs which can be purchased without a prescription such as aspirin, milk of magnesia and mineral oil, may be retained as stock in the facility for administration as ordered by the attending physician.

(g) Drug rooms and cabinets must be well-lighted and of sufficient size to permit orderly storage and preparation of medications. (II)

(h) Medications "For External Use Only" and poisons must be kept in a locked compartment and separate from other medications. Poisonous substances, such as cleaning and germicidal agents shall not be stored in drug storage areas. (I)

(i) Medication containers without labels, or which have damaged, incomplete or makeshift labels are prohibited. Medication in containers without labels must be destroyed per facility policy or returned to the pharmacy for identification. Containers with incomplete, damaged or makeshift labels must be returned to the pharmacy for relabeling. (II)

(j) Preparation of doses for more than one scheduled administration time shall not be permitted. Doses shall be administered by the qualified person who prepared them.

(k) Expired medications, biologicals, medical supplies and solutions shall be disposed of in accord with facility policy. (II)

(4) Control and Accountability

(a) There shall be procedures for control and accountability of all drugs and biologicals throughout the facility. Records of receipt, administration and disposition of all drugs shall be maintained in sufficient detail to enable an accurate reconciliation. The pharmacist or designee shall verify that drug records are in order and that an account of all drugs is maintained. (II)

(b) All medications destroyed must be documented. Medications that have been discontinued may be placed in a "hold" box; however, there must be a written order by the attending physician for each medication in this category. Such medications must not be held beyond a 90-day period unless so ordered by the physician, but in no case held beyond the expiration date of the drug. (II)

(c) Any unused portion of a prescription may be turned over to the resident on their discharge from the facility in accord with facility policy and on the prescriber's written order.

(d) Separate control sheets shall be maintained and checked each shift on any drugs listed in Schedule II, State and Federal "Controlled Substance Act." This record shall contain the following information: date, time administered, name of resident, dose, signature of individual administering, name of physician ordering drug and balances as verified by drug inventory. Unit dose systems shall comply with State and Federal Regulations. (II)

(e) Medications that are prescribed for a specific resident cannot be administered to another person. (II)

(f) (1) Self-administration of medications is allowed only on the specific written orders of the resident's attending physician. (Self-administered medications shall be recorded on the medication administration records by the appropriate licensed personnel.) (I)

(2) Prescribed and over-the-counter medications, e.g., nitroglycerin, skin ointments, etc., may be kept at bedside upon physician orders if kept in a closed area, such as the drawer of the resident's night stand, in accord with facility policy.

(5) Stop-Order Policies

All medication orders which do not specifically indicate the number of doses to be administered or the length of time the drug is to be administered shall automatically be stopped in accordance with written policies as established by the resident care policy committee.

(6) Emergency Drugs

A kit containing small quantities of drugs for emergency use shall be maintained at each nurses' station. The kit shall be readily available but must be kept sealed and properly secured. The kit shall contain such drugs as selected and approved by the resident care policy committee. Medications used from the kit in an emergency shall be replaced promptly by the pharmacist based on the chart order. (II)

(a) An inventory of drugs maintained in the kit shall be attached to or placed in the kit. Another inventory list shall be maintained at the nurses' station for quick reference.

(b) The pharmacist or designee shall inspect the kit at least monthly to see that all medications are accounted for, in date, and have been properly replaced when used. (II)

(c) The resident care policy committee may determine that one emergency kit can be readily accessible to, and adequately meet the needs of two or more nurses' stations. If such is the case, the action of the committee shall be incorporated into the facility's written policies, to include the location(s) of the emergency kit(s) and the justification for this determination. (In no case, however, shall there be less than one emergency kit on each resident floor.) (II)

(7) Conformance with Orders

(a) Drugs shall be administered in accordance with orders of the attending physician, dentist or other person legally qualified to prescribe drugs or biologicals for human consumption. (Also see Sections E.[4][b], G.[2][c] and [d], and G.[3]). (I).

(b) Procedures shall be established to ensure that drugs are checked against the prescriber's orders and that the dose of drug administered to that resident is recorded in the resident's record by the person who administers the drug. Recording shall include the drug, dosage, mode of administration, date, time and identification of the person administering the drug(s). Initials are acceptable when they can be identified readily by signatures. (I)

(8) Medication Errors and Adverse Drug Reactions

Medication errors and adverse drug reactions shall be reported immediately to the prescriber and other personnel as required by facility policy, and an appropriate entry made in the resident's medical record. (I)
(Refer to Section B.[7][b].)

G. Medical Records

(1) Rubber Stamp Signature

The use of rubber stamp signatures is acceptable under the following strict conditions:

(a) The physician whose signature the rubber stamp represents is the only one who uses it;

(b) The physician places in the administrative offices of the facility a signed statement to the effect that he is the only one who has the rubber stamp and is the only one who will use it. However, it must be emphasized that use of rubber stamp signatures is not permissible on orders for drugs listed as "Controlled Substances" under "Rules and Regulations Pertaining to Controlled Substances" R61-4 of the Department.

(2) Contents

Adequate and complete medical records shall be maintained for each resident. All entries shall be legibly written in ink or typed, dated and signed. If an entry is signed on a date other than the date it was made, the date of the signature shall also be entered. Although the use of initials in lieu of licensed nurses' signatures is not encouraged, initials will be acceptable provided such initials can be readily identified by signature on each sheet on which the initials are used, or by signature on a master list which is maintained in the record at all times. (II)
A minimum medical record shall include the following:

(a) Identification Data:

(1) Name, county, occupation, date of birth, sex, marital status, religion, county of birth, father's name, mother's maiden name, husband's or wife's name, health insurance number, social security number, diagnosis, case number and dates of care. The name of the person providing information is desirable, also name, address and telephone number of person or persons to be notified in case of emergency. A consent form for treatment signed by the resident or his or her legal representative is required. (II)

(2) Admission agreement specifying available services and costs, and documentation of the explanation of the resident bill of rights and grievance procedures. (II)

(3) Name and telephone number of attending physician.

(4) Date and hour of admission.

- (5) Date and hour of discharge.
- (6) Signature of physician authorizing discharge and condition on discharge. (II)
- (b) Record of Admission Physical Examination:
 - (1) Medical history completed 5 days prior to or within 48 hours after admission.
 - (2) Physical findings; diagnosis.
 - (3) Physician's orders for medication, treatment, care and diet must be reviewed and reordered no less frequently than every two months. (I)

(c) Record of All Physicians' Visits Subsequent to Admission: Progress notes shall be entered after each visit to the resident by the physician. Physician's orders for medications, treatment, care and diet shall be written in ink and signed by the prescriber or his designee. (I)

(d) Nursing and Direct Care Record: Date, time, dosage and method of administration of all medications and signature of nurse or qualified personnel administering. Complete record of all safety precautions including time, type, reason and authority for applying. Record of all pertinent factors pertaining to the resident's condition. Date and time of all treatments and dressings. Incidents occurring while resident is in the facility, including adverse drug reactions and medication errors. Signature of personnel and date. (I)

(e) Special Exams and Consultations: The facility shall develop written policies and procedures regarding the acceptance of unsigned radiological, laboratory or other consultative reports requested by a physician.

(f) Interdisciplinary Care/Habilitation Plan: An interdisciplinary care plan shall be formulated or adopted within 14 days of admission. Thereafter this plan shall be updated quarterly to reflect the comprehensive assessment of current problems and needs of each resident. (II)

(g) Social Services: A social history, psycho-social assessment, care plan and progress notes shall be documented and updated as necessary.

(h) Activity Services: An activity assessment, care plan and progress notes shall be documented and updated as necessary.

(i) Dietary Services: A dietary assessment, care plan and progress notes shall be documented and updated as necessary.

(j) Discharge Summary: A discharge summary shall be available for each discharged patient summarizing care and condition on discharge in accordance with facility policy.

(3) Physicians' Orders

(a) All physicians' orders for medication and treatment shall be recorded in the resident's medical record, signed and dated by the individual receiving the orders. All orders (including verbal orders) shall be signed and dated by the prescribing physician or his designee within 48 hours. (I)

(b) No one, except a licensed nurse or pharmacist, may accept verbal orders from physicians for medication or nursing treatment and care. Verbal orders in other specialized departments or services, as authorized in facility policy and procedures, may be accepted by those department or services, e.g., orders pertaining to physical therapy may be received by a physical therapist. (I)

(4) Record Storage

(a) Medical records are the property of the facility and may not be removed therefrom except by court order. Access to the medical record shall be granted to the legal guardian or any individual appointed in writing by the resident or legal guardian as acting in behalf of the resident.

(b) On discharge or death of a resident the medical records shall be completed within 15 days and filed in an inactive file in an orderly manner. Records must be retained in a safe storage area and none shall be disposed of under 10 years after discharge or death of a resident.

(c) Facilities that microfilm before 10 years have expired must film the entire record.

(d) In the event of change of ownership all medical records shall be transferred to the new owners. (II)

(e) Prior to the closing of a facility, for any reason, the facility shall arrange for preservation of records to insure compliance with these regulations. The facility shall notify the Department, in writing, describing these arrangements.

H. Vital Statistics

(1) Vital Statistics

Facilities must fully comply with R61-19, "Rules and Regulations of the South Carolina Department of Health and Environmental Control Relating to Vital Statistics."

(2) Death Certificates

Death certificates are the responsibility of the mortician who initially attends the deceased.

I. Living Accommodations

(1) General

Each resident shall be provided clean, comfortable living accommodations. A lounge, recreation and dining area shall be provided apart from sleeping quarters. (See Section Y.[13].)

(2) Resident Room Furnishings

(a) Each resident shall be provided with a comfortable bed, a mattress with a moistureproof cover and a pillow.

(1) There shall be at least 2 lockable casters on each bed, located either diagonally or on the same side of the bed.

(2) Side rails must be present when required for safety.

(3) Beds of household height may be used provided hospital type beds which can be elevated and adjusted are provided as necessary to enhance care delivery.

(b) There shall be at least one comfortable chair for each resident.

(c) There shall be adequate individual storage space for each resident's personal clothing, belongings and toilet articles.

(d) Each resident shall be provided with a bedside table or cabinet, and reading lamp.

(e) Overbed tables should be provided.

(f) In semi-private and multi-bed rooms, cubicle curtains on built-in tracks shall be used, when indicated, to afford complete visual privacy for each resident.

(g) There shall be at least one fire resistant wastebasket in each resident room.

J. Maintenance, Housekeeping and Refuse Disposal

(1) Maintenance

(a) An institutional structure, its component parts, facilities, and all equipment such as elevators, furnaces, call systems, sterilizers and emergency lights shall be kept in good repair and operating condition. (II)

(b) Repairs, replacements, and painting shall be completed promptly when needed. There shall be written procedures and methods for communicating these needs to responsible facility personnel. (II)

(c) Facility grounds shall be neat, clean and free of hazards or other nuisances. Stairs, walkways, ramps and porches shall be maintained free from accumulation of water, ice, snow or other impediments. (II)

(2) Housekeeping

(a) General: A facility shall be kept neat, clean, and free of offensive odors. (II)

(1) Accumulated waste material shall be removed daily or more often if necessary.

(2) There shall be frequent cleaning of furniture, floors, walls, ceilings, woodwork, supply and exhaust vents, lighting fixtures, windows, and other articles and surfaces.

(3) Bath and toilet facilities must be maintained in a clean and sanitary condition at all times.

(4) Dry dusting and dry sweeping are prohibited.

(5) There shall be an effective rodent and insect control program for the facility and premises.

(6) There shall be sufficient cleaning supplies and equipment available.

(7) Facility policy shall clearly delineate housekeeping functions to be provided by nursing or direct care personnel.

(b) Disinfection and Room Cleaning: Upon discharge or transfer of a resident, all bedside equipment shall be cleansed and disinfected. Bed linen shall be removed and mattresses turned; if mattresses are damaged, they shall be replaced. Beds shall be made with fresh linens to maintain them in a clean and sanitary condition for each resident. (II)

(c) Janitor Closets: All janitor closets, floors, sinks, mops, buckets, wringers and other equipment shall be cleaned daily, or more often as needed. A supervisory employee shall make frequent inspections to assure compliance. (II)

(d) Employee Locker Rooms: Employee locker rooms shall be kept in a neat, clean and sanitary condition. (II)

(3) Refuse Disposal

(a) Storage and Disposal: All garbage and refuse shall be deposited in suitable watertight containers. Rubbish and garbage shall be disposed of periodically and in accordance with local requirements. (II)

(b) Refuse Containers: These containers shall be covered and stored outside on an approved platform to prevent overturning by animals, the entrance of flies or the creation of a nuisance. Garbage and trash containers shall be thoroughly cleansed as necessary to prevent the creation of a nuisance. (II)

(c) Contaminated Dressings and Pathological Wastes: (II)

(1) All contaminated dressings, pathological, and other similar waste shall be disposed of by incineration or other approved means. Containers for contaminated wastes shall be clearly identified as such and shall not be accessible by unauthorized persons.

(2) Dressings and other contaminated wastes may be disposed of in resident rooms only if such wastes are placed in a closed, clearly identified container, double bagged, and removed from the resident room after attending the resident.

(4) Linen Storage

A clean linen storage room and a soiled linen storage room shall be provided. These storage rooms shall be used solely for their intended purposes. The soiled linen storage room shall be provided with mechanical ventilation to the outside. (II)

(a) Clean Linen: (II)

(1) A supply of clean, sanitary linen shall be available at all times.

(2) Proper storage facilities shall be provided for keeping clean linen, restraints and resident clothes in sanitary condition prior to use. Clean linen not stored separately shall be covered.

(3) Clean linen shall be transported in closed conveyances used only for transporting clean linen, or otherwise protected.

(b) Soiled Linen:

(1) Soiled linen, restraints and resident clothes shall be kept in closed or covered containers while being collected, transported or stored and shall be stored separately from clean linen and resident areas. These containers shall be cleaned and disinfected frequently. (II)

(2) All linen, restraints and resident clothes from residents with infections or communicable diseases shall be placed in durable bags identified "Contaminated" and transported in these closed bags to the soiled linen holding area or laundry. (I)

(3) Soiled linen, restraints and resident clothes shall be neither sorted nor rinsed in resident rooms. (II)

(4) Laundry operations shall not be carried out in resident rooms or where food is prepared, served or stored. (II)

(5) Soiled linen room floors shall be cleaned daily. The entire room, including ceilings and walls, shall be cleaned and disinfected weekly or more often as necessary to control odors and bacteria. (II)

(6) If linen chutes are used, the linen shall be enclosed in bags before placing in chute. Chutes shall be cleaned regularly. (II)

(7) Personnel shall wash their hands thoroughly after handling soiled linen, restraints and resident clothes. (II)

(c) Facilities shall make arrangements for, or provide at a specified written cost, the laundering of resident personal clothes.

K. Food Service

(1) Approval

The kitchen and/or other food preparation centers must be inspected and approved by the South Carolina Department of Health and Environmental Control pursuant to Food Service Establishments, Regulation 61-25. (II)

(2) Services

All facilities shall provide dietary services to meet the daily dietary needs of residents in accordance with written dietary policies and procedures. These services shall be organized with established lines of accountability and clearly defined job assignments. (II)

(3) Supervision

The dietary services shall be under the direction of a dietitian or qualified food service supervisor. A qualified food service supervisor must receive consultation from a dietitian. A qualified food service supervisor shall be a person who: (II)

(a) is a graduate of a dietetic technician or dietetic assistant training program approved by the American Dietetic Association; or

(b) is a graduate of a State-approved course; or

(c) has training and experience in food service supervision and management in a military service equivalent in content to the programs described in paragraph (a) or (b).

(4) Personnel

(a) Persons engaged in the preparation and serving of food shall meet all requirements of the Department regarding food service personnel and shall be trained to perform assigned duties. (II)

(b) Trained personnel shall be provided to prepare and serve the proper diets to residents. (II)

(c) The food service supervisor shall be responsible for supervising food service personnel, planning, preparation and serving of food and the maintenance of proper records. When the food service supervisor is not on duty, a responsible person shall be assigned to assume his/her job functions. (II)

(d) Work assignments and duty schedules shall be posted and kept current. (II)

(e) Health and Disease Controls: (II)

(1) No person infected with or a carrier of a communicable disease which may be transmitted in the workplace, or while afflicted with boils, infected wounds, sores, or an acute respiratory infection, shall work in any area of food service in any capacity in which there is a likelihood of such person contaminating food or food-contact surfaces with pathogenic organisms, or transmitting disease to other individuals. (II)

(2) If the manager or person in charge of the facility has reason to suspect that any worker has contracted any disease in a communicable form or has become a carrier of such disease, he shall notify the local health authority immediately. (II)

(3) Only authorized personnel shall be allowed in the kitchen.

(f) Cleanliness: (II)

(1) All workers shall wear clean outer garments, maintain a high degree of personal cleanliness and conform to hygienic practices while on duty. (II)

(2) All workers shall thoroughly wash their hands and arms with soap and warm water as often as may be required to remove soil and contamination. No employee shall resume work after visiting the toilet room without first washing their hands. (II)

(3) Workers shall keep their fingernails clean, reasonably short and neatly trimmed.

(4) Hair restraints shall be used by workers engaged in the preparation and service of food to keep hair from food and food-contact surfaces.

(5) Workers shall not use tobacco in any form while engaged in food preparation or service, or while in equipment and utensil washing or food preparation areas. (II)

(5) Diets

Diets shall be prepared in conformance with physicians' orders. A current diet manual shall be readily available to attending physicians, dietary service personnel and nursing and direct care personnel. (II)

(a) Diets shall be prescribed, dated and signed by the physician.

(b) Facilities with residents in need of special or therapeutic diets shall provide for such diets.

(c) Notations shall be made in the medical record of therapeutic diet served, counseling or instructions given and resident's tolerance of the diet.

(d) Persons responsible for diets shall have sufficient knowledge of food values in order to make appropriate substitutions when necessary. All substitutions made on the master menu shall be recorded in writing.

(e) Meals and snacks shall meet the nutrient needs of the residents according to recommended dietary allowance for age and sex.

(f) Efforts shall be made to accommodate religious practices.

(g) Copies of menus served shall be kept on file for at least one month, and available for inspection.

(h) The dietetic service shall be oriented, and shall take into account the variations of eating habits, including cultural and ethnic needs of each individual resident.

(i) The food served shall be nutritionally and calorically adequate (as recommended by the National Nutritional Council) and served attractively.

(j) The dining area shall provide a congenial and relaxed atmosphere.

(k) Suitable food and snacks shall be available and offered between meals.

(l) The facility shall have the services of a qualified dietitian in menu planning. The dietitian shall be available on a full-time, part-time or consultant basis.

(6) Planning of Menus and Food Supplies

(a) Menus shall be planned and written at least two weeks in advance and dated as served. The current week's menus, including routine and special diets and any substitutions made, shall be maintained in the dietary department.

(b) Records of menus as served shall be filed and maintained for at least 30 days.

(c) Records of food and supplies purchased shall be kept on file.

(d) At least one week's supply of staple foods and at least two day's supply of perishable foods shall be maintained on the premises. Supplies shall be appropriate to meet the requirements of the menu and therapeutic diets. (II)

(e) Food Supplies: (I)

(1) All food in the facility shall be from food sources approved or considered satisfactory by the health authority, and shall be clean, wholesome, free from spoilage, free from adulteration and misbranding, and safe for human consumption.

(2) Grade "A" pasteurized fluid milk and fluid milk products, Grade "A" pasteurized dry milk or evaporated milk shall be used or served. Manufacturer's pasteurized dry milk standards for mixing individual servings must be observed.

(f) Food Protection: (II)

(1) While being stored, prepared, served or transported, all food shall be protected from contamination and spoilage. Each cold storage facility used for the storage of perishable food shall be provided with an approved indicating thermometer accurate to ± 2 degrees Fahrenheit.

(2) Temperatures:

(a) All potentially hazardous food shall be maintained at safe temperatures (45 degrees Fahrenheit or below, or 140 degrees Fahrenheit or above), except during necessary periods of preparation and service.

(b) All perishable food shall be protected from spoilage by storage at proper temperatures.

(c) Frozen food shall be kept at such temperatures so as to remain frozen. Potentially hazardous frozen food shall be thawed at refrigerator temperatures of 45 degrees Fahrenheit or below; or thawed under cool, potable running water (70 degrees Fahrenheit or below); or quick-thawed as part of the cooking process.

(d) Poultry and stuffings shall be heated throughout to a minimum temperature of 165 degrees Fahrenheit, with no interruption of the initial cooking process.

(e) Pork and pork products which have not been specially treated to destroy trichinae shall be thoroughly cooked to heat all parts of the meat to at least 150 degrees Fahrenheit.

(3) Storage:

(a) Containers of food shall be stored above the floor on clean surfaces, in such a manner as to be protected from splash and other contamination.

(b) Food not subject to further washing or cooking before serving shall be stored in such a manner as to be protected against contamination from food requiring washing or cooking.

(c) Poisonous products that are used in the daily operations of the establishment such as pressurized insecticides, lye, drain cleaners, ammonia, and other similar materials that are stored in food preparation areas, equipment-washing and utensil-washing areas, clean utensil storage areas, or food storage areas shall be stored in closed cabinets or in approved designated areas. These products may be stored with detergents, sanitizers, and other cleaning compounds. (II)

(7) Preparation and Serving of Food

(a) Food shall be prepared by methods that conserve the nutritive value, flavor and appearance. The food shall be palatable, properly prepared, and sufficient in quantity and quality to meet the nutritional needs of the residents. (II)

(b) A file of tested recipes, adjusted to appropriate yield, shall correspond to items on the posted menus.

(c) Food shall be cut, chopped, ground or blended to meet individual needs. (II)

(d) Dietary personnel will have the responsibility of accompanying the food to the floor when necessary to complete tray assembly. Each facility shall designate who will be responsible for distribution of trays, feeding of residents and collection of soiled trays. If personnel other than nursing staff are assigned these tasks, approval must be given by the resident care policy committee.

(e) Preparation: (II)

(1) Suitable utensils shall be provided and used to minimize handling of food at all points where food is prepared.

(2) Raw fruits and vegetables shall be washed before use.

(3) Individual portions of food, once served to the resident shall not be served again.

(4) The use of home canned food is not allowed.

(8) Dietary and Food Sanitation

(a) Sanitary conditions shall be maintained in all aspects of the storage, preparation and distribution of food. (II)

(b) The facility shall be in compliance with local health codes and Food Service Establishments, Regulation 61-25.

(c) Written procedures for cleaning, disinfecting and sanitizing all equipment and work areas shall be developed and followed.

(d) Written reports of inspections by State and local health authorities shall be kept on file in the facility with notations made of actions taken by the facility to comply with any recommendations.

(e) Drugs shall not be stored in the dietary department or any refrigerator or storage area utilized by the dietary department. (See Section F.[3][c].) (II)

(f) All walk-in refrigerators and freezers must be equipped with opening devices which will permit opening of the door from the inside at all times.

(9) Food Equipment and Utensils

(a) Sanitary Design, Construction, and Installation of Equipment and Utensils:

(1) All equipment and utensils shall be so designed and of such material and workmanship as to be smooth, easily cleanable, durable, and shall be in good repair.

(2) The food-contact surfaces of such equipment and utensils shall be accessible, easily cleanable, nontoxic, corrosion resistant and relatively nonabsorbent.

(3) All equipment shall be installed and maintained as to facilitate the cleaning thereof, and of all adjacent areas.

(4) Surfaces of equipment not intended for contact with food but which are exposed to splash, food debris, or otherwise require frequent cleaning, shall be of such material and in such repair as to be readily maintained in a clean and sanitary manner.

(b) Cleanliness of Equipment and Utensils: (II)

(1) Non-food contact surfaces of equipment shall be cleaned at such intervals as to keep them in a clean and sanitary condition. Cooking surfaces of equipment shall be cleaned at least once a day, or as often as necessary.

(2) All kitchenware and food-contact surfaces of equipment used in storage preparation or serving of food or drink shall be thoroughly cleaned after each use.

(3) All eating and drinking utensils shall be thoroughly cleaned and sanitized after each use.

(4) All utensils and food-contact surfaces of equipment used in the preparation, service, display, or storage of potentially hazardous food shall be thoroughly cleaned and sanitized.

(5) Methods and Facilities for Washing and Sanitizing:

(a) Prior to washing, all equipment and utensils shall be preflushed or prescraped and, when necessary, presoaked to remove gross food particles and soil.

(b) Effective concentrations of a suitable detergent shall be used in both manual and mechanical dishwashing.

(c) When manual dishwashing is employed, an approved three compartment sink of adequate length, width, and depth to completely immerse all tableware for washing, rinsing, and final sanitization shall be provided and used. Equipment and utensils shall be washed in a reasonably clean detergent solution, rinsed thoroughly and sanitized by immersion for a period of at least one (1) minute in a sanitizing solution containing:

(1) At least 50 ppm of available chlorine at a temperature not less than 75 degrees Fahrenheit;
or

(2) At least 12.5 ppm of available iodine in a solution having a pH not higher than 5.0 and a temperature of not less than 75 degrees Fahrenheit; or

(3) Any other chemical-sanitizing which has been demonstrated to the satisfaction of the health department.

(d) When a facility is newly constructed or extensively remodeled or when an existing structure is converted for use, an approved three-compartment sink or an approved mechanical dishwasher must be provided and used.

(e) Dish tables or drainboards, of adequate size for proper handling of soiled utensils prior to washing and for cleaned utensils following rinsing or sanitization, shall be provided.

(f) Facilities planning to use or install a mechanical dishwasher shall use a machine approved by the Department. When a domestic type machine in an existing facility is replaced, an approved unit must be installed.

NOTE: Equipment not adequately sanitized in dishwashing machines must be sanitized manually.

(g) A facility which does not have adequate and effective means for cleaning and sanitizing utensils shall use single-service articles.

(6) Storage and Handling of Cleaned Equipment and Utensils: (II)

(a) Food-contact surfaces of cleaned and sanitized equipment and utensils shall be handled in such a manner so as to be protected from contamination.

(b) Cleaned and sanitized utensils shall be stored above the floor in a clean, dry location so that food-contact surfaces are protected from contamination.

(c) Utensils shall be air dried before being stored, or shall be stored in a self-draining position on suitably located hooks or racks constructed of corrosion-resistant material.

(7) All single-service articles shall be stored, handled and dispensed in a sanitary manner, and shall be used only once.

(10) Sanitary Facilities and Controls

(a) Water Supply:

(1) The water supply shall be adequate, of a safe, sanitary quality and from an approved source. (I)

(2) Hot and cold running water, under pressure, shall be provided in all areas where food is prepared, or equipment, utensils, and containers are washed. (II)

(3) Ice used for any purpose shall be made from water which comes from an approved source; and it shall be used only if it has been manufactured, stored, transported and handled in a sanitary manner. Sanitary containers and utensils shall be provided for storing and serving ice in a sanitary manner. (I)

(4) Drinking fountains shall be of a sanitary angle jet design, properly regulated and maintained. There shall be no possibility of the mouth or nose becoming submerged. The use of "common drinking cups" is prohibited. If drinking fountains are not provided, single service cups shall be used. (II)

(b) Toilet Facilities:

(1) Each kitchen shall be provided with adequate toilet facilities. These facilities shall be located within the same building.

(2) Toilet facilities and fixtures shall be kept clean and in good repair.

(3) The doors of all toilet rooms located in the kitchen shall be self-closing.

(4) Toilet tissue shall be provided.

(5) Easily cleanable receptacles shall be provided for waste materials, and such receptacles in toilet rooms for women shall be covered and shall be maintained in a proper operating condition.

(c) Handwashing Facilities: (II)

(1) Each kitchen shall be provided with adequate, conveniently located handwashing facilities for its workers.

(2) Handwashing facilities shall include hot and cold or tempered running water, handcleansing soap or detergent from an approved dispenser, and approved sanitary towels.

(11) Other Facilities and Operations

(a) Floors, Walls and Ceilings:

(1) All floors, walls and ceilings shall be kept clean and in good repair.

(2) The floor surfaces in kitchens, storage, and toilet rooms shall be of smooth, nonabsorbent materials and so constructed as to be easily cleanable.

(3) The walls and ceilings of all areas in which food is prepared, or utensils or hands are washed, shall be easily cleanable, smooth, and light-colored, and shall have washable surfaces up to the highest level reached by splash or spray.

(b) Lighting: All areas shall be well lighted with at least 20 foot-candles of light.

(c) Ventilation: All kitchen, toilet and garbage areas shall be well ventilated.

(d) Premises:

(1) All parts of the facility and its premises shall be kept neat, clean and free of litter and rubbish. (II)

(2) The walking and driving surfaces of all exterior areas of food service establishments shall be graded to prevent pooling.

(3) Only articles necessary for the operation and maintenance of the food service establishment shall be stored on the premises.

(4) The traffic of unnecessary persons through the food preparation and equipment-washing and utensil-washing areas is prohibited.

(5) No live birds or animals shall be allowed in any food preparation, food storage or dining area.

(e) Living Areas: No operation of a food service establishment shall be conducted in any room used as living or sleeping quarters. Food service operations shall be separated from any living or sleeping quarters by complete partitioning and solid, self-closing doors.

(f) Linens and Clothes Storage - Dietary:

(1) Clean clothes and linens shall be stored in a clean place and protected from contamination until used.

(2) Soiled clothes and linens shall be stored in nonabsorbent containers or washable laundry bags until removed for laundering.

(g) Cleaning Equipment Storage: Maintenance and cleaning tools such as brooms, mops, vacuum cleaners, and similar equipment shall be maintained and stored in a way that does not contaminate food, equipment, utensils or linens and shall be stored in an orderly manner, and within a separate space or closet.

(12) Meal Service

A minimum of three nutritionally adequate meals shall be provided in each 24-hour period. Not more than 14 hours shall elapse between the servings of the evening meal and breakfast. (II)

(13) Refrigeration, Ice and Drinking Water

At least one functional refrigerator shall be provided on each resident floor. Ice that meets the approval of the Department shall be available, and precautions shall be taken to prevent contamination. Ice delivered to resident areas in bulk shall be in nonporous, easily cleanable, covered containers. The ice scoop shall be stored in a sanitary manner with the handle at no time coming in contact with the ice. Ice scoop and holding tray shall be sanitized daily. Clean sanitary drinking water shall be available and accessible in adequate amounts at all times. (II)

L. Fire and Disaster Protection and Equipment

(1) Arrangements for Fire Department Protection

(a) Fire protection for all facilities shall meet all of the requirements prescribed by the State Fire Marshal's Office.

(b) Where a facility is located outside of a service area or range of a public fire department, arrangements shall be made to have the nearest fire department respond in case of fire. A copy of the agreement will be kept on file in the facility and a copy will be forwarded to the Department. If the agreement is changed, a copy shall be forwarded to the Department. (II)

(2) Tests and Inspections

(a) Fire Protection: The licensee is responsible for ensuring that all standpipes, hoses, sprinkler systems, kitchen hood extinguishing systems, fire detection and alarm systems and other fire-fighting equipment are inspected and tested at least once each year, and more often if necessary to maintain them in serviceable condition. Fire extinguishers shall be kept in condition for instant use, and the date of the last inspection shall be included on each fire extinguisher. Records of all inspections shall be kept on file for a two year period. (II)

(b) Electrical Inspection: The licensee is responsible for assuring that all electrical installations and equipment are maintained in a safe operable condition. (II)

(c) Heating, Ventilating and Air Conditioning (HVAC) Systems and Equipment: The licensee is responsible for assuring that all heating, ventilating and air conditioning equipment is maintained in a safe operable condition. The HVAC system must be inspected at least once a year, and a signed copy of the inspection report shall be maintained at the facility for a two (2) year period. Records of deficiencies and corrections shall be maintained at the facility. (II)

(3) Special Hazards

(a) Flammable Liquids: The storage of flammable liquids shall be in accordance with NFPA Reg. 30, "Flammable and Combustible Liquids Code." (I)

(b) Storage Areas: (II)

(1) All storage areas shall be kept clean, orderly and free of trash, papers, old cloth and empty boxes.

(2) Any area exceeding 100 square feet shall not be used for storage unless it meets the requirements of Section S.(6)(a) of these Standards. Combustible materials such as mattresses, bedding and furniture shall be stored only in areas that meet the requirements of Section S.(6)(a).

(3) A minimum vertical distance of 18 inches (18") from the bottom of the sprinkler heads to the top of any storage shall be maintained.

(c) Hoods, Vents and Ducts:

(1) Hoods, vents, ducts and removable filters installed over cook stoves and ranges, shall be maintained clean and free of grease accumulations.

(2) An exhaust fan of the proper size shall be installed over the cooking unit and vented to the outside. (I)

(d) Fire Resistance of Furnishings: When purchasing new mattresses and pillows, only those items providing the maximum resistance to fire, smoke development and toxicity shall be purchased. These items present an unusual and/or severe fire hazard to the facility. Extreme caution must be exercised in their selection. (I)

(4) Corridor Obstructions

All corridors and other means of egress or exit from the building shall be maintained clear and free of obstructions. (II)

(5) Exit Sign Illumination

Exit signs shall be internally illuminated at all times. Exit lights shall conform to NFPA Reg. 101. (I)

(6) Corridor and Stairway Illumination

Corridors, stairs and other means of egress shall be lighted at all times with a minimum of one (1) foot candle illumination at finish floor level. (II)

(7) Plans and Training for Fires and Other Internal Emergencies

(a) Plans: Each facility shall develop, in coordination with its supporting fire department and/or disaster preparedness agency a suitable written plan for actions to be taken in the event of fire and other emergencies. All employees shall be made familiar with these plans and instructed as to any required action. (I)

(b) Fire Protection Training:

(1) Each employee shall receive instructions covering: (I)

(a) The fire plan.

(b) The fire evacuation plan, including routes and procedures.

(c) How to report a fire.

(d) How to use the fire alarm system.

(e) Location and use of fire-fighting equipment.

(f) Methods of containing a fire.

(g) Specific responsibilities of the individual.

(2) Records of training shall be maintained to report the date, names of the participating individuals and a description of the training. (II)

(c) Fire Drills: (I)

(1) A fire drill shall be conducted for each shift at least once every 3 months.

(2) Records of drills shall be maintained to report the date, time, shift and names of individuals participating, a description of the drill and evaluation.

(3) Drills shall be designed and conducted to:

- (a) Assure that all personnel are capable of performing assigned tasks or duties.
- (b) Assure that all personnel know the location, use and operation of fire-fighting equipment;
- (c) Assure that all personnel are thoroughly familiar with the fire plan.
- (d) Evaluate the effectiveness of plans and personnel.

(d) Disaster Preparedness Plan: Each employee shall receive instructions to cover various types of potential disasters such as: bomb threat, earthquake, flood, hurricane, tornado and others. (II)

M. Social Services

(1) Social Services

Services shall be provided to assist all residents in dealing with social, emotional and related problems through one or more caseworkers on the staff of the facility or through effective arrangements with a social service agency staffed by persons with experience and training in social work.

(a) The facility shall have a well-defined written plan for providing social services for the residents. This shall include the policies and procedures for providing the services and a job description for the designated social service staff member.

(b) If social services are provided through arrangements with a social service agency, there must be a written agreement between the facility and the agency setting forth the responsibilities of each. The agreement must insure that the agency provides social services adequate to assist all residents in the facility in dealing with social, emotional and related problems. The agency must furnish current written social evaluations and plans for meeting social needs for each resident admitted to the facility. Written reports of recommendations and of services rendered must be provided the facility by the agency.

(c) Social service history shall be secured and recorded concerning each resident. This history should include social, emotional factors related to the resident's condition, information concerning home situation, financial resources and relationships with other people. Preferably, the pertinent social history should be obtained before or during admission. The plan for meeting the resident's needs shall be developed shortly after admission in collaboration with the resident, relatives, physician, nurses and other appropriate persons. The social service history and plan must be kept current in terms of changes in financial resources, physical condition, mental state or family situation.

(d) Social service information is confidential and is maintained in the medical record. Policies and procedures must insure that the social information is available to only those professional personnel who need it in order to provide better care for the resident. If a social service agency outside the facility provides the service, the social information is still maintained in the facility's medical record.

N. Resident Activities

(1) Resident Activities

(a) The facility shall provide a regular and ongoing program of varied, meaningful activities designed to meet the needs and interests of each resident and to promote his/her physical, social and mental well-being. These

activities shall include appropriate group activities and also activities for individuals with particular interests and needs. Activities must be available to afford the opportunity for participation. Residents shall not be forced to participate in any activity. Activities provided must be in accord with the attending physician's treatment plan for the individual.

(b) A staff member shall be designated as director of the resident activities program. This staff member shall have sufficient time to provide and coordinate the activities program so that it fully meets the needs of the residents. The individual shall have expertise or training and/or experience in individual and group activities.

(c) Community resources and volunteers should be utilized under the direction of the activities director to the fullest possible extent.

(d) Visiting by relatives and friends shall be encouraged, with a minimum of restrictions. Visiting hours shall be flexible and posted. Reasonable exceptions to these hours shall be granted.

(e) Space, needed supplies, and equipment shall be provided for all pertinent activities. Examples are: books, magazines, newspapers, games, arts and crafts, radio and television.

(f) At least one activity calendar shall be conspicuously posted each month.

(g) If a pet therapy program is implemented, the following guidelines must be met:

(1) Pets chosen shall be free of contagious disease or sickness (diarrhea, ringworm, etc.).

(2) Pets shall be inoculated or vaccinated as required by law, with written verification of current inoculations on file at the facility.

O. Other Services

Other services, such as physical therapy, occupational therapy, and speech therapy, if offered as a service of the facility, shall be on orders of a physician and administered by persons properly qualified. If offered, space and equipment shall be provided.

P. General

Conditions arising which have not been covered in these Standards shall be handled in accordance with the best practices as interpreted by the Department.

Q. Design and Construction

(1) General:

(a) Every facility shall be planned, designed and equipped to provide and promote the health care, welfare, and safety of each resident. (II)

(b) Each facility shall provide an attractive and comfortable atmosphere. (II)

(2) Local and State Codes and Standards

(a) Facilities shall comply with pertinent local and state laws, codes, ordinances and standards with reference to design and construction. No facility will be licensed unless the Department has assurance that the responsible local officials (zoning and building) sanction the licensing of the facility. (II)

(b) The Department uses as its basic codes:** (II)

- (1) Standard Building Code
- (2) Standard Plumbing Code
- (3) Standard Mechanical Code
- (4) Standard Gas Code
- (5) National Electrical Code (NFPA 70)
- (6) Life Safety Code (NFPA 101)
- (7) S.C. DHEC Regulation 61-17, Standards for Licensing Nursing Homes.

** Check with the Department to verify current editions.

(3) Submission of Plans and Specifications

(a) When construction is contemplated for new buildings, additions or alterations to existing buildings, buildings being licensed for the first time, or buildings changing license, plans and specifications shall be submitted to the Department for review. Such plans and specifications shall be prepared by an architect or engineer registered in the state of South Carolina and shall bear his/her respective seal and signature. These submissions should be made in three stages: Schematic, Design Development, and Final. Construction work should not be started until approval of the "Final" construction documents or written permission to begin construction has been received from the Department. Any construction changes from the approved documents shall have approval from the Department.

(II)

(b) Schematic Plan Submission: (II)

(1) Site plan.

- (a) Size and shape (meet and bounds) of the site.
- (b) Footprint of the proposed building and/or addition on the site.
- (c) Vehicular and pedestrian access to and on the site.
- (d) Existing utilities for or to the site.
- (e) Spot elevations and general information of the lay of the land (rivers, creeks, ridges, swamps, etc.).
- (f) Existing structures (buildings, foundations, retaining walls above and underground storage tanks, etc.).

(2) Floor Plan(s).

- (a) Blocked spaces (areas) showing approximate size and relationship to other spaces.
- (b) Compartmentation for smoke compartments (fire and life safety plan).

(3) Building Section:

- (a) Type of construction
- (b) Type of structural system

(c) Design Development Plans Submission: (II)

(1) Cover Sheet:

- (a) Title and location of project
- (b) Index of drawings
- (c) Code analysis listing applicable codes
- (d) Occupancy classification
- (e) Type of construction
- (f) Legend and notes and symbols for pertinent information.

(2) Site Plan shall include all the requirements of the schematic as well as:

- (a) Vehicular movement, parking areas (total number of spaces), sidewalks, etc.
- (b) Existing and proposed contours.
- (c) All utilities to the facility (including water supply available for fire protection).

(3) Building Section shall include all the requirements of the schematic as well as:

- (a) Complete building section showing the type of construction, floor to floor height.
- (b) Type of structural system.
- (c) Interior wall sections.

(4) Floor Plans:

- (a) Complete plans drawn to scale with basic and overall dimensions of rooms and room designations
- (b) Life safety plan showing proper delineation of rated walls (fire walls, smoke partitions, exits and exit calculations, etc.)
- (c) Door swings and sizes
- (d) Fixed equipment locations
- (e) Details

(5) Plumbing:

- (a) Fixture Locations, risers and pipe chases

(6) Mechanical:

- (a) Type and location of equipment

(b) Single line drawing showing supplies, returns, and exhaust.

(7) Electrical:

(a) Lighting

(b) Power

(c) Communication (nurse call, fire alarm)

(d) Electrical riser diagrams

(d) Final Drawings Submission: The Final Drawings shall include a complete set of contract documents including working drawings and contract specifications to include: (II)

(1) Site preparation

(2) Demolition (if required)

(3) Architectural

(4) Structural

(5) Plumbing

(6) Mechanical

(7) Electrical

(8) Fire Protection (sprinkler)

(e) One complete set of as-built drawings shall be filed with the department. (II)

(f) If construction is delayed for a period exceeding twelve (12) months from the time of approval of Final Drawings a new evaluation and/or approval is required. (II)

(g) Minor Alterations and Renovations: (II)

(1) When minor alterations are contemplated drawings and specifications, accompanied by a narrative completely describing the proposed work shall be submitted to the Department for review and approval to ensure that the proposed alterations comply with current codes and building standards.

(2) All alterations or renovations of a part of an existing licensed building, other than cosmetic (i.e. painting, wallpapering or carpeting) shall be made to conform with the requirements of the current editions of the building codes for construction of new facilities.

(3) Cosmetic changes utilizing paint, wallcovering, floor covering, etc; that are required to have a flamespread rating or other safety criteria shall be documented with copies of the documentation and certifications furnished to the Department.

(4) Any building which is being licensed for the first time will be considered "new" construction and must meet current codes.

(5) If within a twelve (12) month period any alterations or renovations costing in excess of fifty (50%) percent of the then physical market value of the building are made to an existing facility, then the entire facility shall

be made to conform with the requirements of current building code editions for new facility construction and to Department standards.

(4) Location of Facility

(a) Environment: Facilities shall be located in an environment that is conducive to the type of care and services provided.

(b) Transportation: Facilities shall be served by roads which are passable at all times and are adequate for expected volume of traffic.

(c) Parking: Facilities shall have adequate parking space to satisfy the needs of residents, staff, and visitors. Provisions must be made for handicapped parking.

(d) Access for Fire Fighting Equipment: Facilities shall maintain adequate access to and around the building for fire fighting equipment.

(5) Communication

A telephone must be provided on each floor occupied by residents and additional telephones or extensions as required to summon help in case of fire or other emergency. Pay station telephones are not acceptable for this purpose.

R. General Construction Requirements

(1) General Construction Requirements

Construction shall be in accordance with the Standard Building Code for Group I (Institutional-unrestrained) Occupancy.

(2) Fire Resistive Rating

The fire resistive ratings for the various structural components shall comply with the Standard Building Code. Fire Resistive ratings of various materials and assemblies not specifically listed in the Standard Building Code can be found in the publication entitled "Underwriters Laboratories - Building Materials List" and "Underwriters Laboratories - Fire Resistance Directory" and publications of other recognized authorities.

(3) Vertical Openings

All vertical openings shall be protected in accordance with the provisions of the Standard Building Code.

(4) Fire Walls

(a) A building is defined by the outside walls and any interior four (4) hour fire walls and must not exceed the height and area limitations set forth in the Standard Building Code for the type of construction.

(b) An addition shall be separated from an existing building by a two (2) hour fire rated wall unless the addition is of equal fire resistive rating (for example: sprinklered and nonsprinklered areas).

(c) When an addition is to be constructed of a different type of construction from the existing building, the type of construction and resulting maximum area and height limitations allowed by the building code will be determined by the lesser of the types of construction for the building.

(d) If the addition is separated by a four (4) hour fire wall, the addition is considered as another building and the type of construction of the addition determines the maximum area and height limitations.

(5) Interior Floor Finish

Interior floor finishes, including carpeting, shall be in accordance with the Standard Building code for the type of occupancy.

(6) Ceiling Openings

Openings into attic areas and other concealed spaces shall be protected by materials consistent with the fire rating of the assembly they are penetrating.

(7) Screens

Windows, doors and openings intended for ventilation shall be provided with insect screens unless the facility is completely air conditioned and mechanically ventilated.

S. Hazardous Elements of Construction

(1) Furnaces and Boilers

(a) Every central heating furnace and boiler shall be separated from the rest of the building by walls, partitions, floor and ceiling construction having a fire resistant rating of not less than two hours.

(b) Installation of furnaces and boilers shall be in accordance with applicable NFPA standards.

(c) Combustion and ventilation air shall be taken from and discharged to the outside.

(d) Furnaces and boilers shall be properly maintained to insure safe and efficient operation.

(e) Ventilation for furnace/boiler rooms shall not be part of the recirculating air system for the rest of the building.

(2) Dampers

Smoke dampers and fire dampers shall be installed on all heating, cooling, and ventilating systems as required by NFPA 90A and these standards.

(3) Incinerators

Incinerators when used, shall conform to the requirements of the Department. When located within the licensed facility, they shall be separated from the rest of the building by walls, partitions, floor and ceiling construction having a fire resistant rating of not less than two hours. Combustion and ventilation air shall be taken from and discharged to the outside.

(4) Medical Gases

Nonflammable medical gas systems and equipment used for the administration of inhalation therapy and for resuscitative purposes shall be handled and stored in accordance with the provisions of NFPA 99 "Health Care Facilities".

(5) Flammable Liquids

(a) The storage and handling of flammable liquids shall comply with provisions of NFPA 99 "Health Care Facilities".

(b) Flammable liquids such as gasoline, oil, paints, solvents, etc. shall be stored in an outside building or in a one hour fire separated room opening to the outside. Mechanical or gravity ventilation for the room shall be taken from, and exhausted to, the outside.

(6) Storage Areas

(a) All ceilings, floor assemblies, and walls enclosing storage areas of one-hundred (100) square feet or greater shall be of not less than one (1) hour fire resistive construction with 'C' labelled 3/4 hour fire-rated doors and frames.

(b) All storage areas shall be kept clean, orderly and free of trash.

(7) Hoods, Vents and Ducts

Hoods, vents, ducts and filters installed over cooking surfaces shall be maintained clean and free of grease accumulations.

T. Fire Protection

(1) Automatic Sprinklers

Facilities licensed under these standards shall be provided throughout with an automatic sprinkler system in accordance with NFPA 13, "Standard for the Installation of Sprinkler Systems".

(2) Fire Alarms

(a) A manual fire alarm system in accordance with provisions of NFPA 72A shall be provided. The system shall be arranged to transmit an alarm automatically to the fire department by an approved method.

(b) The alarm system shall notify by audible and visual alarm all areas and floors of the building.

(c) The alarm system shall shut down central recirculating ventilation fans that serve the area(s) of alarm origination and shut the associated smoke dampers.

(d) There must be a fire alarm pull station in or near each nurses station.

(e) All fire, smoke, heat, sprinkler flow, or manual fire alarming devices or systems must be connected to the main fire alarm system and trigger the system when they are activated.

(3) Smoke Detectors

(a) An approved smoke detection system shall be installed in all corridors. Such system shall be installed in accordance with applicable NFPA Standards but in no case shall the detectors be spaced farther apart than 30 ft. or more than 15 ft. from any wall. Exception: Where each resident sleeping room is protected by a smoke detector(s) and detectors are provided on both sides of the rated smoke/fire partitions, such corridor system will not be required on the resident sleeping room floors.

(b) All smoke detectors shall be electrically interconnected to the fire alarm system as well as to the hold open devices on smoke doors and fire doors within a fire zone.

(c) Where smoke detectors are required in all sleeping rooms, the detectors will be powered by the fire alarm system, connected to the fire alarm system, and have an indicator light in the hall above the room door indicating when the detector is in alarm.

(4) Fire Extinguishers and Standpipes

(a) Fire extinguishers shall be provided and so located that the travel distance from any point within the building to reach an extinguisher will not be greater than 50 feet. Extinguishers shall be sized, installed and maintained in accordance with NFPA 10 and 10A, except that extinguishers located in the corridors of resident areas shall be a 2 1/2 gallon stored-pressure water type. At least one 2A:10BC extinguisher shall be located at each nurses station. Suitable fire extinguishers shall also be installed in the kitchen, laundry, furnace room and other areas having an unusual fire hazard.

(b) Standpipes shall be installed as required by the Standard Building Code and in accordance with NFPA 14.

U. Exits

(1) Number and Locations

(a) There shall be more than one (1) exit leading to the outside of the building on each floor. (I)

(b) Rooms greater than 1000 sq. ft. shall have at least two exit access doors remote from each other. (I)

(c) Exits shall be arranged so that there are no dead-end corridors or corridor pockets in excess of twenty (20) feet. (I)

(d) Each resident room shall communicate directly with an approved exit access corridor without passage through another occupied space or shall have an approved exit directly to the outside at grade level to a public space free of encumbrances. (I)

(2) Corridors

(a) Corridors and passageways from resident occupied rooms leading to egress stairways and/or the outside from the first story and to areas of refuge shall be a minimum of 96" in width. (II)

(b) Corridors and passageways considered as approved means of egress shall be at least eighty-four (84) inches in height. (II)

(3) Doors

(a) Doors to resident rooms (sleeping or treatment) shall be at least forty-four (44) inches wide. (II)

(b) Doors to exits shall be at least forty-four (44) inches wide. (II)

(c) Doorways from resident occupied rooms or exit-access passageways to the outside of the facility shall be at least eighty (80) inches in height. (II)

(d) The exit doors required from each floor shall swing in the direction of exit travel. Doors, except those to spaces such as small closets which are not subject to occupancy, shall not swing into corridors in a manner that obstruct traffic flow or reduce the required corridor width. (II)

(e) Resident rooms shall not be lockable except in places of restraint or detention. (II)

(4) Ramps

(a) At least one (1) exterior ramp, accessible by all residents, staff, and visitors shall be installed from the first floor to grade. The ramp must connect an accessible route to a loading area. The route shall be stable, firm, and relatively non-slip under all weather conditions. (II)

- (b) Exterior ramps shall not be less than four (4') feet in width. (II)
- (c) Interior ramps shall be the full width of the corridor. (II)
- (d) All ramps shall be provided with approved handrails. All handrail ends adjacent to a wall must return to the wall. (II)
- (e) The surface of a ramp shall be of non-skid materials. (II)
- (f) There must be a landing at the top and bottom of the ramp at least as wide as the ramp and a minimum of four (4') feet in length. The top landing must be level with the interior floor. (II)
- (g) The minimum length of run for any ramp cannot exceed thirty (30') feet without a landing. (II)
- (h) Maximum slope of the ramp shall be 1:12. (II)
- (i) Landings shall be provided beyond exterior doors and interior doors opening onto a stairway, as specified in the Standard Building Code. The depth of the landing shall not be less than the width of the door. (II)

(5) Smoke Partitions

- (a) Smoke partitions having a fire resistant rating of at least one hour shall be provided to limit on any story the maximum area of each smoke compartment to no more than 22,500 sq.ft., either length or width shall not exceed 150 ft. and to divide every story into at least two compartments. (II)
- (b) At least 30 net sq.ft. per occupant shall be provided on each side of the smoke partitions. (II)
- (c) Smoke partitions shall be continuous from floor slab to the underside of the floor or roof deck above through any concealed spaces such as those above ceilings and through interstitial structural and mechanical spaces and from outside wall to outside wall. (II)
- (d) Openings in smoke partitions shall be protected with a tight fitting smoke and draft door having a minimum fire resistive rating of 20 minutes and shall be so labeled. (II)
- (e) Doors crossing exit access corridors shall be opposite swing with 44" leaves. (II)
- (f) Doors in smoke partitions shall be self closing and shall be provided with approved door holding devices of the fail- safe type which will release the doors causing them to close when any of the following is actuated: (II)
 - (1) Automatic sprinkler system
 - (2) Manual fire alarm system
 - (3) Smoke detection system
- (g) Wherever possible smoke partitions shall have openings in the corridors only. (II)
- (h) Smoke partition doors and corridor openings shall have vision panels of 1/4" thick wire reinforced glass in approved frames not exceeding limitations listed in the Standard Building Code. (II)
- (i) Positive latching hardware is not required except in partitions rated at two (2) hours or more. Center mullions are prohibited. (II)

(j) Opposite swing smoke partition doors shall have approved astragal. (II)

(k) When it is necessary to use a shutter in a smoke partition, it must be motor operated and self resetting or have an internal brake and counter-balance such that the shutter will close slowly so as not to injure a person caught beneath it. When the shutter encounters an obstruction, it shall stop, but continue to close when the obstruction is removed. (II)

V. Plumbing

(1) Water Supply

(a) Water Supply/Hygiene/Design and Construction: Before construction, expansion or modification of a water distribution system, application shall be made to the Department for a permit for construction. The application shall include such engineering, chemical, physical or bacteriological data as may be required by the department and shall be accompanied by engineering plans, drawings, and specifications prepared by an engineer registered in South Carolina and shall carry his/her official signature and seal. In general the design and construction of such systems shall be in accord with modern engineering practices for such installations. The department shall establish such rules, regulations and procedures or standards as may be necessary to protect the health of the public and to ensure proper operation and functioning of the system. (II)

(b) Disinfection of Water Lines: The water system for new facilities, and renovated facilities where water lines have been altered, shall be disinfected before use in accordance with the regulations of the Department. Samples shall be taken from the water system and forwarded to an approved laboratory for bacterial analysis in accordance with the Department regulations to assure adequacy of the disinfection process. (I)

(c) Quality: When an approved water supply is not available, a water supply shall be provided which meets the requirements of the Department. Prior to construction of such a water supply, the engineer shall obtain a permit to construct from the Department. Before placing the water supply into service, a final approval must be obtained from the Department. (I)

(d) Distribution: Pipe sizes shall be adequate to permit an ample flow of water to the maximum number of fixtures which may be used at any time. The water pressure should be adequate to supply a minimum of twenty (20) pounds per square inch of pressure to upper floors when the maximum number of fixtures which will be in operation at any time is supplied. (II)

(e) Temperature Control:

(1) Hot and cold water must be supplied to fixtures which are accessible to residents for bathing and handwashing. The hot water shall be thermostatically controlled to provide a water temperature not exceeding one-hundred ten degrees (110 degrees F.) and not less than one-hundred degrees (100 degrees F.) at the fixtures.

(2) The water heater or combination of heaters shall be sized to provide at least six (6) gallons per hour per bed at the above ranges.

(3) Hot water supplied to the pot washing sink in the kitchen shall be supplied at one-hundred forty degrees (140 degrees F.).

(4) If the dishwasher is used for sanitizing, then the final rinse temperature of the dishwasher shall be one-hundred-eighty degrees (180 degrees F.).

(f) Cross Connections: Cross connections in plumbing between safe and potentially unsafe water supplies are prohibited. This refers particularly to toilets, laundry fixtures and fixtures of similar nature. Water shall be delivered at least two (2) delivery pipe diameters above the rim or points of overflow to each fixture, piece of equipment, or service unless protected against back siphonage by approved vacuum breakers or other approved back

flow preventers. Any faucet or fixture to which a hose may be attached shall have an approved vacuum breaker or other back flow preventer installed. (II)

(g) Stop Valves: Each plumbing fixture and each piece of equipment shall have stop valves to permit repairs without disrupting service to other fixtures. Each branch to a floor shall be valved.

(2) Wastewater

(a) Design and Construction:

(1) Plans, specifications, reports and studies for the construction, expansion or alteration of a wastewater system shall be prepared by an engineer registered in South Carolina and shall carry his official signature and seal.

(2) The design and construction of wastewater systems shall be in accordance with modern engineering practices and the rules and regulations of the Department.

(3) Fixtures

(a) Toilets:

(1) Toilets shall be provided in number ample for use according to the number of residents. The minimum requirement is one (1) toilet for every four (4) residents or fraction thereof.

(2) Grab bars of an approved type shall be provided on at least one (1) side of every toilet used by residents and shall be mounted 32-36 inches above the floor.

(3) Separate toilet facilities and lockers shall be provided for employees.

(b) Lavatories:

(1) Every resident's room shall have a lavatory unless there is an adjoining toilet with a lavatory.

(2) Every resident room lavatory, as well as all other lavatories used for handwashing shall be equipped with valves which can be operated without the use of hands.

(3) A sink shall be provided at each nursing station and in each utility room.

(4) Separate handwashing fixtures shall be provided in the main kitchen and shall be so located that the person in charge may supervise handwashing by food service personnel.

(5) Handwashing fixtures shall be provided in other service rooms and adjacent to or in all toilet rooms.

(6) A paper towel and soap dispenser shall be provided at each handwashing sink.

(c) Bathtubs or showers: There shall be a bath tub or shower with approved grab bars for each twelve (12) licensed beds or fraction thereof.

(d) Ventilation: Each bathroom shall be mechanically ventilated to the outside with a minimum of ten (10) air changes per hour.

W. Electrical Requirements

(1) Installation

(a) Materials including equipment, conductors, controls and signaling devices shall be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical equipment indicated in the specifications or shown on the contract documents. All materials shall be listed as complying with applicable standards of Underwriters Laboratories, Inc. or other similarly established standards. (II)

(b) Electrical installations shall be in accordance with the National Electrical Code and shall be tested to show that the equipment is installed and operates as planned or specified. (II)

(c) The fire alarm system shall be tested initially by a factory-trained manufacturer's representative. (II)

(d) At the completion of construction and before occupancy the architect or engineer shall certify that all electrical systems have been installed per specifications and have been thoroughly tested. (II)

(2) Switchboards and Power Panels

(a) Circuit breakers or fusible switches that provide disconnecting means and over-current protection for conductors connected to switchboard and panel boards shall be enclosed or guarded to provide a dead front type assembly. Over load protection devices shall be suitable for operating properly in ambient conditions. (II)

(b) The main switchboard shall be located in a separate enclosure for maintenance, clear of traffic lanes, and in a dry, ventilated space, free of corrosive fumes or gases. (II)

(c) There must be a Life Safety Branch, separate from the Critical branch, for the exit lights, exit egress lighting, fire alarm, and nurse call. These systems must conform to NFPA 70 (National Electrical Code). (II)

(3) Panelboards

(a) Panelboards serving lighting and appliance circuits shall be located on the same floor as the circuits they serve. This does not apply to the Life Safety circuits. (II)

(b) The directory shall be labelled to conform to the actual room designations. (II)

(c) Clear access free, of stored materials, must be maintained to the panels. (II)

(4) Lighting

(a) Spaces occupied by people, machinery, equipment within buildings, approaches to buildings, and parking lots shall be lighted. (II)

(b) Switched lighting shall be provided for each resident room. Switch shall be located at the door. (II)

(c) Resident rooms shall have general lighting which provides a minimum of twenty (20) foot-candles in all parts of the room. (II)

(d) There shall be a minimum of thirty-five (35) foot-candles in areas used for reading, study or close work. Lighting in work areas shall not be less than thirty (30) foot-candles. (II)

(e) Lighting for reading shall be provided for each resident. (II)

(f) At least one light fixture for night lighting shall be supplied and be switched at the door. The position of the switch in a bank of switches should be consistent room to room. (II)

(5) Receptacles

(a) Resident Rooms: Each room shall have duplex grounded type receptacle located as follows: one on each side of the head of each bed, one for television if used and at least one on another wall. (II)

(b) Corridors: Duplex receptacles for general use shall be installed approximately 50 ft. apart in all corridors and within 25 ft. of the ends of corridors. (II)

(c) Ground Fault Protection: (II)

(1) Electrical circuits to fixed or portable equipment in hydrotherapy units or other wet areas shall be provided with 5 milliampere ground fault interrupter circuits or receptacles.

(2) Ground fault interrupter receptacles shall be used on all outside receptacles and bathrooms per National Electrical Code.

(3) Ground fault interrupter receptacles or circuits shall be used at wet locations such as in or above a counter containing a sink when the receptacle is within three (3) feet of the sink.

(6) Nurse Call

Signal system shall be provided for each resident. The system shall consist of: (II)

(a) A call button for each bed, bathroom (reachable from the shower/tub and toilet), toilet room used by residents, and treatment/examining room.

(b) A light over each resident room door visible from the corridor.

(c) A control panel at the nurses station showing room or bed number.

(d) Indicators in utility rooms treatment/examination rooms, medication rooms, nurses lounges, and floor kitchens.

(e) Indicators and control panels shall employ an audible and visual signal.

(7) Exit Signs

(a) Exit and exit access ways shall be identified by illuminated (electric) signs bearing the words "Exit" in letters at least six inches high. Changes in direction of exit travel shall be suitably marked by exit signs with directional arrows. (II)

(b) Circuits: Illuminated exit signs shall be on a the Life Safety circuit and shall be serviced and controlled directly from the Life Safety Branch electrical panel. (II)

(c) The illumination of the exit sign must be such that the loss of a bulb will not render the sign non-illuminated. (i.e. two or more bulbs) (II)

(d) Exit signs shall be connected to the emergency power system. (II)

(8) Emergency Electric Service

(a) To provide electricity during interruption of the normal electrical service an emergency generator shall be provided. (II)

(b) Emergency electrical service shall be provided to the distribution system as follows: (II)

- (1) Illumination for means of egress and nurses stations.
- (2) Illumination for exit signs and exit directional signs.
- (3) In resident care areas (duplex receptacles in corridors or in patients rooms).
- (4) Nurses signal system.
- (5) Equipment necessary for maintaining telephone service.
- (6) Elevator service that will reach every resident floor when rooms are located on other than the ground floor. Throw over facilities shall be provided to allow temporary operation of any elevator for release of persons that may be trapped between floors.
- (7) Fire pump.
- (8) Equipment for heating resident rooms and maintaining a minimum temperature of 71 degrees F.
- (9) Public Restrooms
- (10) Essential mechanical rooms
- (11) General illumination and a receptacle in the vicinity of the generator set.
- (12) Alarm systems, including fire alarm systems, water flow alarm devices, and alarms required for medical gas systems.
- (c) The emergency power shall be in operation within 10 seconds after interruption of the normal electric power supply. (II)
- (d) Receptacles and switches connected to emergency power shall be distinctively marked. (II)
- (e) On site fuel storage shall have capacity to sustain generator operation for at least 24 hours.
- W. (8)(f) Emergency generators shall be operated weekly for at least 30 minutes and shall be operated at least monthly under load for at least 30 minutes. (II)
- (g) Logs shall be maintained of the emergency generator tests. (II)

X. Mechanical Requirements

(1) General

Prior to licensure of a facility all mechanical systems shall be tested, balanced and operated to demonstrate that the installation and performance of these systems conform to the requirements of the plans and specifications. (II)

(2) Ductwork

(a) Air handling duct systems shall meet requirements of "Installation of Air Conditioning and Ventilating Systems" (NFPA 90A). (II)

(b) Linings in air ducts and equipment shall meet the erosion test method described in UL Laboratories Publication No. 181. These linings including coatings and adhesives and insulation on exterior surfaces of pipes and ducts in building spaces used as air supply plenum shall have a flame spread rating of not more than 25 and a smoke

developed rating of not more than 50 as determined by an independent testing laboratory in accordance with ASTM Standard E-84. (II)

(c) No HVAC supply or return grill will be placed within 3 feet of a smoke detector. (II)

(3) Steam and Hot Water Systems

(a) Boilers shall have the capacity based on the net ratings published by Hydronics Institute to supply the normal requirements of all systems and equipment. (II)

(b) The number and arrangement of boilers shall be such that when one boiler breaks down or routine maintenance requires that one boiler be temporarily taken out of service, the capacity of the remaining boiler(s) shall be at least 70% of the total required capacity. (II)

(c) Boiler rooms shall be provided with sufficient outdoor air to maintain combustion rates of equipment and to limit temperatures in working stations to 97 degrees F. effective temperature (ET*) as defined as ASHRAE Handbook of Fundamentals. (II)

(4) Heating, Ventilating and Air Conditioning (HVAC) Systems

(a) HVAC systems shall be designed and balanced as shown in Table I. (II)

TABLE I
PRESSURE RELATIONSHIPS AND VENTILATION RATES
SELECTED AREAS OF LONG-TERM CARE FACILITIES

AREA DESIGNATIONS	1	2	3	4	5
RESIDENT ROOM	EQUAL	2	2	OPT	OPT
RESIDENT AREA CORRIDOR	EQUAL	2	OPT	OPT	OPT
EXAMINATION AND TREATMENT	EQUAL	6	2	OPT	OPT
PHYSICAL THERAPY					
HYDROTHERAPY	NEG	6	2	OPT	OPT
TREATMENT	EQUAL	6	2	OPT	OPT
OCCUPATIONAL THERAPY	NEG	6	2	OPT	OPT
SOILED WORKROOM	NEG	10	2	YES	NO
SOILED HOLDING ROOM	NEG	10	2	YES	NO
BEDPAN ROOM	NEG	10	2	YES	YES
CLEAN WORKROOM	POS	4	2	OPT	OPT
CLEAN HOLDING ROOM	POS	4	2	OPT	OPT
TOILET ROOM	NEG	10	OPT	YES	YES
BATHROOM	EQUAL	10	OPT	OPT	OPT
JANITOR CLOSETS	NEG	10	OPT	OPT	OPT
STERILIZER EQUIPMENT ROOM	NEG	10	OPT	YES	OPT
ETO STERILIZER ROOM	NEG	10	OPT	YES	NO
TRASH ROOM	NEG	10	OPT	YES	NO
FOOD PREPARATION ROOM	EQUAL	10	2	OPT	NO
WARE WASHING ROOM	NEG	10	OPT	YES	NO
DIETARY DAY STORAGE	NEG	2	OPT	OPT	OPT
LAUNDRY, GENERAL	EQUAL	10	2	YES	OPT
SOILED LINEN SORTING AND STORAGE	NEG	10	OPT	YES	NO

CLEAN LINEN STORAGE	EQUAL	2	OPT	OPT	OPT
MEDICINE PREPARATION ROOM	EQUAL	4	OPT	OPT	OPT
SPECIAL PROCEDURES ROOMS					
INVASIVE	POS	15	3	OPT	NO
NONINVASIVE	EQUAL	6	2	OPT	OPT
ISOLATION ROOM	SETABLE*	6	OPT	YES	NO

COLUMN 1 = AIR PRESSURE RELATIONSHIP TO ADJACENT AREAS

COLUMN 2 = MINIMUM TOTAL AIR CHANGES PER HOUR SUPPLIED TO ROOM

COLUMN 3 = MINIMUM AIR CHANGES OF OUTSIDE AIR PER HOUR SUPPLIED TO ROOM

COLUMN 4 = ALL AIR EXHAUSTED DIRECTLY TO OUTSIDE

COLUMN 5 = AIR RECIRCULATED WITHIN ROOM BY MEANS OF ROOM UNITS

OPT = OPTIONAL

NEG = NEGATIVE

POS = POSITIVE

* PRESSURE RELATIONSHIP CAN BE ADJUSTABLE ACCORDING TO CONDITIONS NECESSARY FOR TREATMENT.

(b) Design temperature range for all occupied areas shall be seventy-one degrees (71 degrees F.) minimum at winter design conditions, and eighty-one degrees (81 degrees F.) maximum at summer design conditions. (II)

(c) Air supply and air exhaust systems shall be mechanically operated. Fans serving exhaust systems shall be located at the discharge end of the system. (II)

(d) Outdoor intake shall be located as far as practical but in no case closer than twenty-five ft. from exhaust outlets of ventilating systems, combustion equipment stacks, medical surgical vacuum system, plumbing vent stacks or from areas which may collect vehicular exhaust or other noxious fumes. (II)

(e) The bottom of outdoor intakes serving central systems shall be located as high as practical but not less than 6 ft. above ground level or if installed above the roof three ft. above roof level. (II)

(f) The bottoms of ventilation openings shall be not less than three (3) inches above the floor of any room. (II)

(g) Corridors shall not be used to supply air to or exhaust air from any room. Exception: Air from corridors may be used to supply ventilation air via undercut doors for toilet rooms, janitors' closets, and small electrical or telephone closets opening directly onto corridors. (II)

(h) All central HVAC systems shall be equipped with filters as shown in Table II. The filter bed shall be located up stream of the air conditioning equipment unless a pre-filter is employed. In this case the filter bed may be located down stream. Provision must be made to insure that any humidification system present does not wet the filters. (II)

TABLE 2
FILTER EFFICIENCIES FOR CENTRAL VENTILATION
AND AIR CONDITIONING SYSTEMS IN
SKILLED NURSING FACILITIES

AREA	MINIMUM NUMBER FILTER BEDS	FILTER EFFICIENCIES (%)
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All areas for inpatient care, treatment, and/or diagnosis, and those areas providing direct service or clean supplies.	1	80
Administrative, bulk storage, soiled holding, food preparation, laundries.	1	25

Ratings based on ASHRAE 52-76.

(i) Access must be provided for changing of filters. (II)

(j) All filter efficiency ratings shall be in accordance with ASHRAE Standard 52-76. Filter frames shall be durable and carefully dimensioned and shall provide a tight fit with the enclosing duct work. All joints between filter segments and the enclosing duct work shall be gasketed or sealed to provide a positive seal against air leakage. A manometer shall be installed across each filter bed serving central air systems. (II)

(k) Fire and smoke dampers shall be constructed, located and installed in accordance with the requirements of NFPA 90A. All systems regardless of size which serve more than one smoke or fire zone shall be equipped with smoke detectors to shut down fans automatically as delineated in that standard. (II)

(l) Access for maintenance shall be provided at all dampers. (II)

(m) Supply and Return ducts which pass through required smoke barriers and through which smoke can be transferred to another area shall be provided with dampers at the barrier controlled to close automatically to prevent the flow of air in either direction when the fan stops. (II)

(n) Smoke dampers shall be equipped with remote control reset devices. (II)

(o) Exhaust hoods in food preparation centers shall have an exhaust rate of not less than 50 CFM per sq. ft. of the face area. Face area is defined for this purpose as the open area from the exposed perimeter of the cooking surfaces. (II)

(p) Hoods over cooking ranges shall be vented to the outside. In facilities of 25 beds or more, the hood shall be equipped with grease filters, fire extinguishing systems, and heat actuated fan controls. Clean-out openings shall be provided every 20 feet in horizontal exhaust duct systems serving these hoods. (II)

(5) Other Piping Systems

(a) Domestic Hot Water Systems shall comply with the following: (II)

(1) The hot water heating equipment shall have sufficient capacity to supply water at the temperature and amounts indicated below (plus or minus 2 degrees F.). Water temperatures shall be measured at hot water point of use or inlet to process equipment.

	CLINICAL	DIETARY	LAUNDRY
Gallons (per hour per bed)	6 1/2	4	1/2
Temperature(degrees F.)	100	140	140

(2) Hot water distribution systems shall be of the recirculating type to insure hot water at each hot-water outlet at all times.

(3) Provisions shall be made to provide 180 degrees F. rinse water at the dishwasher.

(b) Drainage Systems: In so far as possible drainage piping shall not be installed within the ceiling nor installed in an exposed location in food preparation centers, food serving facilities, food storage areas, and above electrical equipment, and other critical areas. Special precautions must be made to protect these areas from possible leakage or condensation from necessary overhead piping systems. (II)

(c) Medical Gas Systems: Medical gas system installations shall be in accordance with the requirements of NFPA 99. (II)

(d) Clinical Vacuum (Suction) Systems: If used, clinical vacuum system installations shall be in accordance with the requirements of Compressed Gas Association Pamphlet P-2.1. (II)

Y. Facilities

(1) Floor, Wall and Ceiling Material

(a) Floors, walls and ceilings shall be constructed of, and the exposed surfaces finished with, materials that will permit frequent cleaning and disinfecting. (II)

(b) Interior finish of walls and ceilings throughout shall be in accordance with Standard Building Code requirements for "Interior finishes -Institutional, Unrestrained Occupancy".(II)

(2) Draperies

All window draperies and curtains shall be flame retardant. (II)

(3) Wastebaskets

All wastebaskets shall be of non-combustible materials. (II)

(4) Handrails/Guardrails

(a) Handrails shall be provided on all steps of two (2) steps or more, on stairways, ramps, and porches. (II)

(b) All porches, walkways, and recreational areas (such as decks, etc.) which are elevated thirty (30) inches or more above grade shall have guardrails forty-two (42) inches high to prevent falls. (II)

(c) Open guardrails shall have intermediate rails such that a six (6) inch diameter sphere cannot pass through. (II)

(d) Handrails, which are located not less than thirty (30) inches nor more than thirty-six (36) inches above the finished floor shall be provided on both sides of halls and/or corridors. Ends of handrails shall return to the wall. (II)

(5) Glass in Windows and Mirrors

Where clear glass is used in windows, with any portion of the glass being less than eighteen (18) inches from the floor, the glass shall be of "safety" grade, or there shall be a guard or barrier over that portion of the window. This guard or barrier shall be of sufficient strength and design so that it will prevent someone from injuring themselves by accidentally stepping into or kicking the glass. (II)

(6) Resident Rooms

(a) A resident room shall be an area enclosed by ceiling high walls. No room in basements shall be used for residents. In using the Standard Building Code, each resident room is a separate tenancy. Each resident room shall be an outside room with an outside window. (II)

(b) Floor Area: The following requirement for floor area are the minimum. The floor area is defined as usable or net floor area and does not include wardrobes, closets, etc. or entry alcoves to a room. (II)

(1) Private Rooms - 100 square feet per bed.

(2) Semi-private rooms - 80 square feet per bed.

(c) Beds must be placed at least three (3') feet apart. (II)

(d) No resident room shall contain more than four (4) beds. (II)

(e) Cubicle curtains with built-in curtain tracks shall be provided in all multiple bed rooms which will shield each bed from other beds and also shield each bed from view from the corridor when the room door to the corridor is open. Curtain shall be flame-retardant. (II)

(f) At least one private room shall be provided in each resident unit for purposes of medical isolation, incompatibility, personality conflicts, et cetera. (II)

(g) No resident room shall be located more than 120 feet from the nurses' station. (II)

(h) Window area in resident rooms shall be at least one-tenth (1/10) of the floor area and at least forty (40) percent of the required window area shall be operable for ventilation. Sill height shall not exceed thirty-six (36) inches above finished floor. (II)

(i) Storage space shall be provided in each resident room for clothing, toilet articles, and personal belongings. A closet or wardrobe with at least four square feet of floor space; and at least five feet of vertical hanging space shall be provided for each resident. (II)

(j) It is prohibited to require passage through a resident's bedroom in order to get to another resident's bedroom, or to a toilet or bath area used by residents other than the resident(s) occupying the bedroom. (II)

(7) Nurses Station

(a) A nurses' station shall be provided for each 44 beds or fraction thereof. The nurses' station shall be located and arranged to permit visual observation of the resident corridors. (II)

(b) There shall be at, or close by, each nurses' station a separate medicine preparation room having a cabinet with one or more locked sections for medications, narcotics and poisons; cabinet space; work space for preparation of medicine; and sink. (II)

(c) The nurses' station shall contain at least a telephone, bulletin board, a refrigerator and adequate space for keeping residents' charts as well as for administrative activities. (II)

(d) A toilet with handwashing fixtures shall be provided nearby. (II)

(8) General Storage

(a) Each nursing unit shall contain separate spaces for the storage of clean linen, soiled linen, wheel chairs, and general supplies and equipment. (II)

(b) At least ten (10) square feet per bed for general storage shall be provided. (II)

(9) Utility Rooms

(a) Soiled Utility Rooms: At least one soiled utility room per nurses' station shall be provided which contains a clinical sink, work counter, waste receptacle and soiled linen receptacle. (II)

(b) Clean Utility Room: At least one clean utility room per nurses' station shall be provided which contains a work counter with handwashing sink and space for the storage and assembly of supplies for nursing procedures. (II)

(10) Laundry

(a) The laundry shall be insulated and ventilated to prevent transmission of noise, heat, steam, and odors to resident areas. (II)

(b) The laundry shall be divided into specific areas for soiled and clean linen with necessary walls and/or ventilation to prevent cross-contamination. (II)

(11) Soiled Linen Storage

(a) A soiled linen storage room shall be provided. (II)

(b) The soiled linen room shall be designed, enclosed and used solely for that purpose, and provided with mechanical exhaust directly to the outside. (II)

(c) The soiled linen storage room shall be of one (1) hour fire-resistive construction with "C" labelled 3/4 hour door unless contained in a separate building. (II)

(12) Janitor's Closet

(a) A janitor's closet of a minimum of twenty (20) square feet shall be provided for each nursing unit and main food preparation center. (II)

(b) Each closet shall have a space (shelves and brackets) for the storage of supplies and equipment. (II)

(c) Each closet shall be equipped with a mop sink or floor receptor. (II)

(13) Recreation and Dining Areas

At least thirty (30) square feet per bed shall be provided for resident dining and recreation. (II)

(14) Physical and Occupational Therapy Facilities

Physical and occupational therapy facilities should be provided. (II)

(15) Elevators

(a) Buildings having residents' facilities such as bedrooms, dining rooms, recreation areas, etc. located on other than the main floor shall have electric or electro- hydraulic elevators. (II)

(b) At least one hospital type elevator shall be installed where resident beds are located on any floor other than the main entrance floor. (II)

(c) For facilities with more than 100 resident beds, the number of elevators shall be determined from a study of the facility plan and the estimated vertical transportation requirements. (II)

(d) At least one elevator shall access all resident floors. (II)

(e) Cabs of hospital type elevators shall have inside dimensions that will accommodate a resident bed and attendants, and shall be at least 5' wide by 7'6" deep. The cab door shall have a clear opening of not less than 3'8". (II)

(f) Elevators shall be equipped with an automatic leveling device of the two-way automatic maintaining type with an accuracy of 1/2 inch. (II)

(g) Elevators, except freight elevators, shall be equipped with a two-way special service switch to permit cars to bypass all landing button calls and be dispatched directly to any floor. (II)

(h) Elevator controls, alarm buttons, and telephones shall be accessible to wheel chair residents. (II)

(i) Elevator call buttons, controls and door safety stops shall be of a type that will not be activated by heat or smoke. (II)

(j) All elevators shall be equipped with firemen call key operated switches. (II)

(16) Field Inspection Tests

Inspections and tests shall be made and the owner and the Department shall be furnished written certification that the installation meets the requirements set forth in this section, ANSI 17.1 (American National Standards Institute Safety Code for Elevators and Escalators), NFPA 13 (Sprinkler Systems), and S.C. State Statute 23-9-60, 23-8-30 *[See Note #1]*, and 23-45-30(g) *[See Note #2]*, and other applicable safety regulations and codes. (II)

[Note #1: This reference, as printed in the State Register, was repealed by Act #181, 1993]

[Note #2: This reference, as printed in the State Register, is incorrect. The correct reference is 23-45-30(6)]

(17) Inspections

All elevators shall be inspected at least once a year by a recognized and responsible elevator engineer. (See Requirements in ANSI 17.1) (II)

Z. Kitchen Construction Requirements.

(1) Plan Submission

(a) Provide a separate Floor Plan showing:

(1) Location of all equipment

(2) Make and model number of all equipment (including a thermometer schedule)

(3) Garbage can wash pad on exterior

(4) Grease interceptor

- (5) Floor drains
- (6) Separate handwash sink(s)
- (7) Toilet and locker facilities for kitchen staff
- (8) Exhaust hood and duct system to the outside.(Hood extinguishing system required if 25 or more beds.)

(2) Floors

(a) Floor Construction: Floors and floor coverings of all food preparation, food storage, equipment-washing and utensil-washing areas, and the floors of all walk-in refrigeration units, dressing rooms, locker rooms, toilet rooms, and vestibules shall be constructed of smooth durable materials such as sealed concrete, terrazzo, ceramic tile, durable grades of vinyl or plastic, and shall be maintained in good repair. Where a dishwasher is installed, floors will be constructed with a monolithic material. Nothing in this section shall prohibit the use of anti-slip floor covering in areas where necessary for safety reasons.

(b) Floor Carpeting: Carpeting shall be properly installed, easily cleanable, and maintained in good repair. Carpeting is prohibited in food preparation, equipment-washing and utensil-washing areas, food storage areas, and toilet room areas where urinals or toilet fixtures are located.

(c) Floor Drains: Properly installed, trapped floor drains shall be provided in floors that are water-flushed for cleaning, or that receive discharges of water or other fluid waste from equipment, or in areas where pressure spray methods for cleaning equipment are used. Such floors shall be constructed only of sealed concrete, terrazzo, ceramic tile, or similar materials and shall be graded to drain. Any piped drain emptying into the floor drain from equipment must maintain the required air gap above the floor drain.

(d) Rubber mats and Duckboards: Rubber mats and duckboards shall be of such size, design, and construction as to facilitate their being easily cleaned.

(e) Floor junctures: Kitchens utilizing concrete, terrazzo, ceramic tile or similar flooring materials shall have junctures between walls and floors coved and sealed if water-flushed.

(f) Utility line installation: Exposed utility service lines and pipes shall be installed in a way that does not obstruct or prevent cleaning of the floor. In all new or extensively remodeled Kitchens, installation of exposed horizontal utility lines and pipes on the floor is prohibited.

(3) Walls and Ceilings

(a) Maintenance: Walls and ceilings, including doors, windows, skylights, and similar closures, shall be maintained in good repair.

(b) Construction:

(1) The walls of food preparation areas, walk-in refrigeration units, equipment-washing and utensil-washing areas, and handwashing rooms or areas shall have smooth, easily cleanable surfaces and such surfaces shall be washable up to at least the highest level reached by splash or spray. Concrete blocks used for interior wall construction in these locations shall be finished with a fine grout to close all pours in the concrete block and sealed to provide an easily cleanable surface.

(2) The ceilings of food preparation areas, walk-in refrigeration units, equipment-washing and utensil-washing areas shall be smooth, nonabsorbent, and easily cleanable.

(c) Exposed Construction: Studs, joists, and rafters shall not be exposed in walk-in refrigeration units, food preparation areas, equipment-washing and utensil-washing areas, toilet rooms, and vestibules. If exposed in other rooms or areas, they shall be finished to provide an easily cleanable surface.

(d) Utility Line Installation: Exposed utility service lines and pipes shall be installed in a way that does not obstruct or prevent cleaning of the walls and ceilings. Utility service lines and pipes shall not be unnecessarily exposed on walls or ceilings in walk-in refrigeration units, food preparation areas, equipment-washing and utensil-washing areas, toilet rooms and vestibules.

(e) Attachments: Light fixtures, vent covers, wall-mounted fans, decorative materials, and similar equipment attached to walls and ceilings shall be easily cleanable and shall be maintained in good repair.

(f) Covering material installation: Wall and ceiling covering materials shall be attached and sealed so as to be easily cleanable.

(4) Lighting

(a) At least 30 foot candles of light shall be required on all working surfaces in food preparation areas, equipment-washing and utensil-washing areas, handwashing areas, and in toilet rooms.

(b) At least 20 foot candles of light at a distance of 30 inches from the floor shall be required in walk-in refrigeration units, dry food storage areas, and in all other areas. This shall also include dining areas during cleaning operations.

(5) Ventilation

(a) General: All rooms shall be adequately ventilated, maintained and operated so that all areas are kept reasonably free of excessive heat, steam, condensation, vapors, smoke and fumes. Effective air recovery shall be provided as necessary. Ventilation systems shall discharge in such manner as not to create a nuisance.

(b) Special Ventilation: Intake and exhaust air ducts shall be maintained to prevent the entrance of dust, dirt and other contaminating materials.

(6) Dressing Rooms and Locker Areas

(a) Dressing Rooms and Areas: If employees routinely change clothes within the establishment, rooms or areas shall be designated and used for that purpose and shall be kept in a clean condition. These designated rooms or areas shall not be used for food preparation, food service and storage, or for equipment-washing and utensil-washing or storage.

(b) Locker Areas: Enough lockers or other suitable facilities shall be provided and used for the orderly storage of employee clothing and other belongings and shall be kept in a clean condition. Lockers or other suitable facilities may be located only in the designated dressing rooms or in food storage rooms or areas containing only completely packaged food or packaged single-service articles.

AA. General

Conditions arising which have not been covered in these regulations shall be handled in accordance with the best practices as interpreted by the Department.